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# Humanitarian Coordination and Response: International Partnerships in Face of Natural Disasters

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# Humanitarian Coordination and Response: International Partnerships in Face of Natural Disasters

## **Abstract**

In the 21st century, international humanitarian response remains encumbered by serious gaps and unpreparedness. The inefficiencies stem from longstanding organizational challenges in the areas of accountability, predictability, and reliability. Humanitarian reform comprises three pillars: the cluster approach, timely financing, and strategic leadership. Cluster coordination, introduced in the 2005 Humanitarian Response Review commissioned by the Office for the Coordination of Humanitarian Affairs, holds great significance because it calls for leadership in specific need areas and for the development of partnerships. This thesis aims to contribute to the growing body of literature on improving humanitarian processes to better meet the needs of affected populations by examining whether cluster coordination builds effective responses and whether a different actor may temporarily provide governmental services when the government is absent. The cases of Haiti and Myanmar, which illustrate different successes and challenges of the cluster approach, identify four fundamental features of disaster coordination and response. These features demonstrate that in an environment of trust and openness, strong cluster coordination can empower leadership and help leverage the full range of existing capacities, resulting in an effective response.

## **Keywords**

humanitarian aid, humanitarian reform, international relations, Burma, Haiti, Social Sciences, Political Science, Eileen Doherty-Sil, Doherty-Sil, Eileen

## **Disciplines**

Political Science

**Humanitarian Coordination and Response:  
International Partnerships  
in Face of Natural Disasters**

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## ABSTRACT

### HUMANITARIAN COORDINATION AND RESPONSE: INTERNATIONAL PARTNERSHIPS IN FACE OF NATURAL DISASTERS

Julia Wong

Dr. Eileen Doherty-Sil

In the 21<sup>st</sup> century, international humanitarian response remains encumbered by serious gaps and unpreparedness. The inefficiencies stem from longstanding organizational challenges in the areas of accountability, predictability, and reliability. Humanitarian reform comprises three pillars: the cluster approach, timely financing, and strategic leadership. Cluster coordination, introduced in the 2005 Humanitarian Response Review commissioned by the Office for the Coordination of Humanitarian Affairs, holds great significance because it calls for leadership in specific need areas and for the development of partnerships. This thesis aims to contribute to the growing body of literature on improving humanitarian processes to better meet the needs of affected populations by examining whether cluster coordination builds effective responses and whether a different actor may temporarily provide governmental services when the government is absent. The cases of Haiti and Myanmar, which illustrate different successes and challenges of the cluster approach, identify four fundamental features of disaster coordination and response. These features demonstrate that in an environment of trust and openness, strong cluster coordination can empower leadership and help leverage the full range of existing capacities, resulting in an effective response.

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## **CHAPTER I: INTRODUCTION**

### **HUMANITARIAN RESPONSE AND ITS SIGNIFICANCE**

On January 12, 2010 at 16:53 local time, a 7.0  $M_w$  earthquake decimated 222,750 lives and injured 300,572 people, affecting an estimated 3 million Haitians and crippling the country's economic heart Port-au-Prince with the significant infrastructural damage. Displacement, disease, food insecurity, psychosocial trauma, ruined livelihoods, and arrested education overwhelmed the ravaged city in the earthquake's aftermath. Twelve months into the struggle, Port-au-Prince remained a tent city squatting in the vast rubble remains due to stalled reconstruction. Despite the technological and scientific advancements of the 21<sup>st</sup> century, the global community has yet to develop the mechanisms to respond strategically and proficiently to natural disasters. Given the persistent nature of certain natural disasters, such as floods in Pakistan and droughts in Kenya, and growing climatic fluctuations engendering large-scale calamities, it is imperative for the United Nations (UN), governments, and non-governmental organizations (NGOs) to develop flexible coordination and response plans that enable humanitarian actors to properly meet the needs of the affected population. Currently, international humanitarian coordination faces serious organizational challenges, which in turn encumber humanitarian response and lead to unpreparedness and serious gaps in service provision. These inefficiencies stem from longstanding systemic challenges—a lack of strategic leadership, a multitude of international agents attempting to fulfill their own mandates and missions, and the difficulty of holding agents accountable due to the voluntary nature of humanitarian response.



This work aims to shed light on these systemic challenges in the humanitarian sphere and to analyze the effectiveness of the novel cluster approach, introduced in the 2005 Humanitarian Response Review commissioned by the Office for the Coordination of Humanitarian Affairs (OCHA). Cluster coordination extends the assumption that effective collaboration among the UN, governments, and NGOs leads to an effective humanitarian response, and the cluster approach attempts to redress significant capacity gaps by bolstering leadership across the different areas of response or “clusters.” The success of the cluster approach depends on whether it implements the factors that lead to effective humanitarian responses. Analyzing the specific factors that contribute to a response’s effectiveness, this study examines in detail the international response to the 2010 Haiti earthquake and the 2008 Cyclone Nargis in Myanmar and focuses on cluster coordination in the areas of nutrition and water, sanitation, and hygiene (WASH).

### **CASE SELECTION**

The selection of Haiti and Myanmar as primary case studies is based primarily on their contextual similarity, since both countries encountered natural disasters of comparable scale and scope and rolled out cluster coordination.<sup>1</sup> While Haiti is the poorest nation in the western hemisphere, Myanmar is one of the most impoverished nations in Asia with the Government of the Union of Myanmar (GoUM) controlling the wealth of natural resources. Also, both countries’ history of colonialism and political instability create heightened challenges for international aid. The delicate political situation in Haiti and Myanmar at times impedes the entry and delivery of foreign aid.

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<sup>1</sup> To concretely assess the current state of humanitarian coordination and response, one needs to

Despite their contextual similarity, important differences exist between Haiti and Myanmar. Namely, one finds a stark difference in the political response to the natural disasters. In Haiti, the collapse of government infrastructure led to the postponement of the country's legislative elections from February 28, 2010 to November 28, 2010. The third democratic election to occur in Haiti, it transpired belatedly and in the context of growing international pressure over the country's instability. In Myanmar, on the other hand, the military junta exerted a domineering hand in carrying out the nationwide constitutional referendum at the cost of the disaster victims barely a week following Cyclone Nargis. A range of egregious actions—diverting resources for the victims toward the referendum and evicting refugees to convert shelters into polling stations, among other transgressions—raised outcries against the hollow democratic agenda of the junta. This marked difference presents another dimension with which to compare Haiti and Myanmar: the presence or absence of a strong government and its implications for a country devastated by a natural disaster. The contrasting accounts across countries and across clusters shed insight on the variability of the cluster approach, its effectiveness, and the roles of the international agencies, states, and NGOs in humanitarian response.

### **SYNOPSIS**

The organization of this thesis in seven chapters presents a holistic view of international humanitarian coordination and response, the cluster approach, and its deployment and effectiveness. The first chapter describes the relevance of humanitarian coordination and response in international policy and in academia and briefly introduces the selection of Haiti and Myanmar as case studies. Chapter Two lays out two

hypotheses regarding effective humanitarian response and explicates the research approach. Following an overview of the humanitarian landscape and its evolution across time in Chapter Three, Chapter Four explores the literature examining the role of NGOs, which yields insight on the second hypothesis and the interplay among international agencies, states, and NGOs. Next, Chapter Five presents the cluster approach as rolled out in the Nutrition and WASH Clusters in Haiti and in Myanmar, and Chapter Six compares the two case studies. Finally, Chapter Seven consolidates the analysis and calls for greater participation and integration of NGOs, government, and civil society in the deliberative process of the UN, which holds potential as the primary means to improved humanitarian coordination and humanitarian response. The cases of Haiti and Myanmar, which illustrate different successes and challenges of the cluster approach, identify four fundamental features of disaster coordination and response. These features demonstrate that in an environment of trust and openness, strong cluster coordination can empower leadership and help leverage the full range of existing capacities, resulting in an effective response.

## CHAPTER II: HYPOTHESES AND RESEARCH DESIGN

Two hypotheses respond to the inquiries mentioned above:

*Hypothesis 1: The cluster approach, which has its basis in the argument that coordination among the different humanitarian actors is essential to effective humanitarian response, helps to surmount the systemic challenges impeding effective humanitarian response.*

This hypothesis draws upon the disciplines of organizational theory and management. At the core of this idea, capitalizing on the various actors' strengths through collaborative partnerships is integral because it allows dynamic synergies to develop. Although it may be possible for independent, diverse, and uncoordinated actors to deliver aid, the humanitarian response will likely be disorganized and duplicative. A framework for collaboration is thus necessary, and strong partnerships among international agencies, states, and NGOs will facilitate a more effective humanitarian response.

In order to test this hypothesis, one must define the roles of each actor. The following roles are accorded by a strengths-based approach so that the expertise of the different actors may be harnessed. The UN should execute its role as an all-around expert on coordination and response, training personnel both internationally and locally to deliver aid in the most effective ways. It presides over cluster meetings as a neutral agent, mitigating conflicts among the different parties. The UN also shoulders the responsibility of preparing comprehensive reports and assessments, keeping global stakeholders apprised of the situation on the ground. It acts as the communication hub

and informs the general public of the still existing needs. In this way, the UN helps the victims raise funds for necessities and fulfills its mandate. Working alongside the UN, the government maintains the situation on the ground, tying together response efforts on a national level. The government raises public morale through its broadcasts and communication, directing its citizens to relief stations and alerting them of any new developments. Also, the government may use its preexisting understanding of the national terrain, its manpower through its public servants, and its network of national and local NGOs and corporations to lead the relief effort. Ultimately, the government has the greatest impetus to see the country return to normalcy, so it is responsible for sustaining the response and serves as the provider of last resort on a national level. In addition, there are the many international, national, and local NGOs. All three have field expertise, and each has different relationships with the various stakeholders. Often, the national and local NGOs are the best equipped to deliver aid because of their knowledge of the local language, politics, culture, and norms. Altogether, the UN agencies, states, and NGOs offer unique expertise and capacities that should be leveraged.

***Hypothesis 2: In the absence of a working host government, a robust international NGO or agency may be able to administer government functions temporarily. The humanitarian response remains incumbent upon the national government—and, to a lesser extent, local NGOs—to reinstitute their services.***

This hypothesis suggests that a robust international NGO or agency can step in to temporarily administer governmental functions in the wake of a crisis, but the government must be reinstated for the long-term viability of the response plan. Studying the Haiti earthquake, which decimated the government's ability to provide for its citizens,

offers an instructive example for assessing the various actors' roles and testing whether successful humanitarian aid can be achieved in the absence of a functioning state.

Myanmar presents a different but equally compelling case in which the government rebuffed international assistance at the onset of the disaster, but eventually opened its borders.

In order to test these two hypotheses, I draw on both quantitative and qualitative data from comprehensive country reports prepared by an array of actors from the Inter-Agency Standing Committee (IASC) and United Nations Children's Fund (UNICEF) to the governments and the Global Public Policy Institute and Groupe Urgence Réhabilitation Développement (GPPI-URD).<sup>2</sup> Specifically, these include IASC's *Response to the Humanitarian Crisis in Haiti*;<sup>3</sup> UNICEF's *Children in Haiti: One Year After—The Long Road from Relief to Recovery* issue; Active Learning Network for Accountability and Performance in Humanitarian Action's (ALNAP) *Haiti Earthquake Response: Context Analysis, Post-Nargis Joint Assessment*, and the ensuing *Post-Nargis Periodic Reviews*; GPPI-URD's *Second Phase Cluster Approach Evaluation*; OCHA's *Flash Appeals*; and news reports from Integrated Regional Information Network (IRIN). These country reports provide clear ground assessments using similar criteria for analyzing the responses in Haiti and Myanmar.

First, this research examines the effectiveness of the international humanitarian response in Haiti and Myanmar. I measure effectiveness on a number of dimensions based on UN evaluation methodologies:

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<sup>2</sup> GPPI-URD consists of two groups independent from the UN.

<sup>3</sup> The report was written six months after the Haiti earthquake following a request by the Principals of the IASC at a meeting on May 6, 2010.

- Predictability and accountability of leadership and ownership
- Cohesiveness in partnerships
- Impact on affected populations vis-à-vis engagement and outstanding gaps.

Each of these three indicators is core to UN evaluation methodologies, and for the sake of completeness, this thesis discusses all three indicators and conducts a cross-country and cross-cluster comparison using a straightforward three-level classification system.

Second, because the core focus of this thesis centers on the role of partnerships in affecting overall outcomes, the significance of global partnerships among international agencies, governments, and NGOs will be assessed in further detail. My hypotheses and the core of my analysis treat cohesiveness of partnerships not simply as a measure of effectiveness (that is, I do not assume cohesiveness is automatically an indication of effectiveness). Rather, I examine the underlying logic by which that cohesiveness impacts overall aid effectiveness. Particular attention will be devoted to instances of partnerships that emerged in the Nutrition and WASH Clusters in Haiti and Myanmar, and these will be compared against situations in which actors acted independently. Interviews with humanitarian practitioners provide stakeholder input and infuse a more in-depth perspective into collaborative global partnerships.

Third, the research will assess the various actors' roles and responsibilities in the respective cases of Haiti and Myanmar. NGOs and international agencies such as the UN have developed their capacity through better organization and greater experience. The role of NGOs has also evolved due to increasingly collaborative partnerships among the UN, governments, and NGOs—particularly local and national NGOs. This leads to the

question, “Could recovery be achieved efficiently without an existing government infrastructure?” Particularly, NGOs’ ability to function within the international framework will be examined through the varying cluster performance in Haiti and Myanmar in the Nutrition and WASH Clusters.<sup>4</sup> Also, various lessons will be drawn from the Myanmar and Haiti experiences to determine whether or not the presence of a government is vital to a country’s recovery. Furthermore, the selected body of illustrative material on global governance and NGOs, together with reports from UN agencies and independent organizations, provides a variety of perspectives on international agencies, NGOs, and states as viable partners and impactful actors.

The study of the three aforementioned points of focus—three indicators of effectiveness, role of partnerships, and roles of humanitarian actors—will shed light on whether strong partnerships among humanitarian actors contribute to an effective humanitarian response and whether sustained efficacy of a humanitarian response depends upon the state.

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<sup>4</sup> The cluster areas span a broad range of needs, from agriculture, food aid, early recovery, education, emergency shelter and non-food items, to logistics, protection, health, nutrition, and WASH.



## **CHAPTER III: BACKGROUND AND HISTORICAL OVERVIEW**

### **ORIGINS OF INTERNATIONAL HUMANITARIAN AID**

#### *Moving Forward from Rwanda, 1994*

Over the past four decades, the number of man-made and natural disasters has increased steadily, as reported in a study released at the May 1994 World Conference on Natural Disaster Reduction. “More than 30 million people in 29 countries” needed emergency assistance in mid-1994 (Encyclopedia of the Nations). This growth in the number of disasters is paralleled by an increase in international humanitarian aid activity in the 1990s, expressly evident in Rwanda during the Great Lakes refugee crisis of April 1994. The exodus of over two million Rwandans, mainly ethnic Hutus fleeing from the Tutsis, to neighboring African countries in the aftermath of the Rwandan genocide quickly garnered international attention, and over two hundred national and international NGOs poured into Kigali, the capital of Rwanda (Renzaho 5). Despite the impressive influx of aid, the NGOs were unable to harness and deploy their resources and expertise effectively. In fact, aid delivery was tantamount to a catastrophe in and of itself.

Numerous NGO and donor evaluations reflect upon the humanitarian response with heavy criticism toward the exploitation, imperialism, and failure of aid programs. Firstly, stabilization programs remained a relatively underdeveloped concept with which many newer NGOs had little expertise and no experience, particularly in implementation. Many components had to be taken into consideration, including rapid response to enable day-to-day functioning, plans for longer-term development, and local perspectives.

Certain NGOs acted with naiveté, initiating ill-informed programs with the assumption that they knew the best course of action for the local populace without taking into consideration the larger political context (Renzaho 9). Secondly, NGOs charged with zealotry in their humanitarian mission barreled forward in an uncoordinated fashion. This inadvertently led to a duplication of aid efforts in certain areas, leaving other needs unattended to. Thirdly, the lack of coordination further exacerbated the crisis because inter-NGO competition for limited local resources created hyperinflation, and power-hungry local leaders manipulated goods in refugee camps to further their political ambitions.

#### *International Standards and Guidelines*

Following the Rwanda crisis, international agencies and NGOs realized the great necessity to reinvent the humanitarian aid system beginning with the development of international standards and operational guidelines. They duly attributed the catastrophic response in Rwanda to the lack of shared technical guidelines. Under the guidance of the International Red Cross and Red Crescent Movement, six networks of NGOs developed the Code of Conduct for the International Red Cross and Red Crescent Movement and NGOs in Disaster Relief, and the Steering Committee for Humanitarian Response adopted the Code of Conduct in 1994. The primary principle rests upon the humanitarian imperative—all human beings are entitled to humanitarian aid. The following standards demand impartiality, political and religious neutrality, coordination between NGOs, respect toward beneficiaries and local customs, inclusion of all relevant stakeholders, accountability, and professionalism. The Code of Conduct introduces two core concepts

in emergency response. First, these standards propel agencies and NGOs to move away from the imperialist model of aid toward a system that empowers the beneficiaries to rebuild their community and a system in which all stakeholders have a voice in the process. Second, the principle of accountability enumerates dual requirements that aim to improve and maintain the quality of aid: regular monitoring and reporting to all stakeholders. Currently, the Code of Conduct has 464 signatories who agree to abide by the ten principles laid out in the document. It is important to note that although the majority of the international community has accepted these universal standards governing emergency response, they are legally unenforceable.

As a follow-up to the Code of Conduct, a group of humanitarian NGOs launched the Sphere Project in 1997 alongside the International Red Cross and Red Crescent Movement. Whereas the Code of Conduct establishes universal standards, the Sphere Project attempts to provide an operational framework for accountability in disaster response. Sphere's two core beliefs spring from the humanitarian imperative as delineated in the Code of Conduct. "All possible steps should be taken to alleviate human suffering arising out of calamity and conflict, and...those affected by disaster have a right to life with dignity and therefore a right to assistance" (Sphere Handbook). The Sphere Handbook, finalized in 2004, includes two key documents: the Minimum Standards and the Humanitarian Charter. The Minimum Standards outline the minimum qualitative standards that should be met in these five sectors: water and sanitation, nutrition, food, shelter, and health. Parallels can be drawn between these standards and the UN Millennium Development Goals (MDG), particularly the goals of eradicating extreme poverty and hunger, promoting gender equality, reducing child mortality,

combating diseases, ensuring environmental sustainability, and developing a global partnership for development (MDG). The Humanitarian Charter complements the Minimum Standards by hearkening to the rights of the beneficiaries and the responsibilities of NGOs and governments. Taken together, the Humanitarian Charter and the Minimum Standards contribute to an important operational framework for quality and for accountability in disaster relief efforts.

#### *Humanitarian Response Review of 2005*

Even with the establishment of international standards and guidelines, humanitarian response is often perceived as inadequate and unable to meet the basic needs of affected populations. In 2005, the UN Emergency Relief Coordinator and the Office for the Coordination of Humanitarian Affairs (OCHA) commissioned the Humanitarian Response Review in light of the increasing levels of humanitarian demand and the need to ensure that humanitarian actors take the appropriate steps to improve the timeliness and impact of humanitarian interventions. This report is an independent assessment conducted by a team of three senior external consultants that reflects upon the humanitarian system, identifies the capabilities and shortfalls of humanitarian response, and develops a joint plan of action to improve response effectiveness and timeliness. A large part of the review focuses on the response capacity of key humanitarian actors, such as the UN, NGOs, the International Red Cross and Red Crescent Movement, and the International Organization for Migration (IOM). Both benchmarking and the establishment of best practices are incorporated. Following a comprehensive review of emergency funding, response capacity, and coordination and leadership roles, the

analysis provides a set of recommendations to address the gaps and assist humanitarian agencies in meeting future challenges.

### **THE HUMANITARIAN CHALLENGE**

The humanitarian aid system has matured over the past decade, particularly with respect to the humanitarian reform agenda; however, it constantly adapts and evolves in response to the various challenges created by complex emergencies in the post-Cold War era. McCall links the rise in ethnic, religious, cultural, and nationalistic tensions to the growing prevalence of complex emergencies. Coupled with the expanding breadth of issues including environmental degradation, economic growth, stateless persons, climate refugees, and internally displaced persons, these complex emergencies pose great challenges to humanitarian actors. The lack of enforcement structures within the coordination mandate debilitates their ability to tackle these complex emergencies. Along with the emergence of new issues, five other challenges continue to plague humanitarian aid: shrinking humanitarian space, inadequate funding, uncertainty surrounding disasters, firefighting, and poor coordination.

First, humanitarian space refers to (1) the physical space in which agencies conduct humanitarian work, and (2) the virtual space in which the various agencies interact (Tomasini 25). Both physical and virtual spaces are shrinking because more areas are becoming insecure, and the overcrowding of NGOs with conflicting mandates and missions renders it increasingly harder for NGOs to carry out their work effectively. “The decline of humanitarian space is likely a product of complex factors, starting with the overall increasing level of violence and political judgments by insurgent groups that

in particular situations they gain more by attacking civilians than they lose by defying international humanitarian law” (Rubenstein 4). For example “in Afghanistan and Pakistan, humanitarian space has shrunk as the Taliban and other insurgent groups have stepped up attacks on civilians, especially international aid workers, contractors and local leaders” (Rubenstein 1). The instability in the area poses dangers for both beneficiaries and humanitarian workers, and incapacitated aid work may prove to be more detrimental than no aid.

Second, the need for more funding is pervasive. Funds tend to be allocated for visible and high-profile issues rather than on a needs basis, and this results in “fatigued crises”—crises that still need attention but fall from the limelight (Tomasini 29). Although Rwanda still required much rehabilitation work, “other ‘newsworthy’ international events soon focused global public attention elsewhere, with events in Haiti and Chechnya replacing the ongoing crises in the Great Lakes region” (Wright 55). The mediatization of crises led to a phenomenon in which areas with the most urgent needs simply go unnoticed when the media does not focus on them (Tomasini 35). The popularity of earmarked donations also leaves detrimental impacts. Donors often prefer giving earmarked donations because they have greater influence over the way it is spent. By targeting their investment in particular areas or sectors, they can fulfill their priorities. This restrictiveness, however, results in a failure to meet the direst needs.

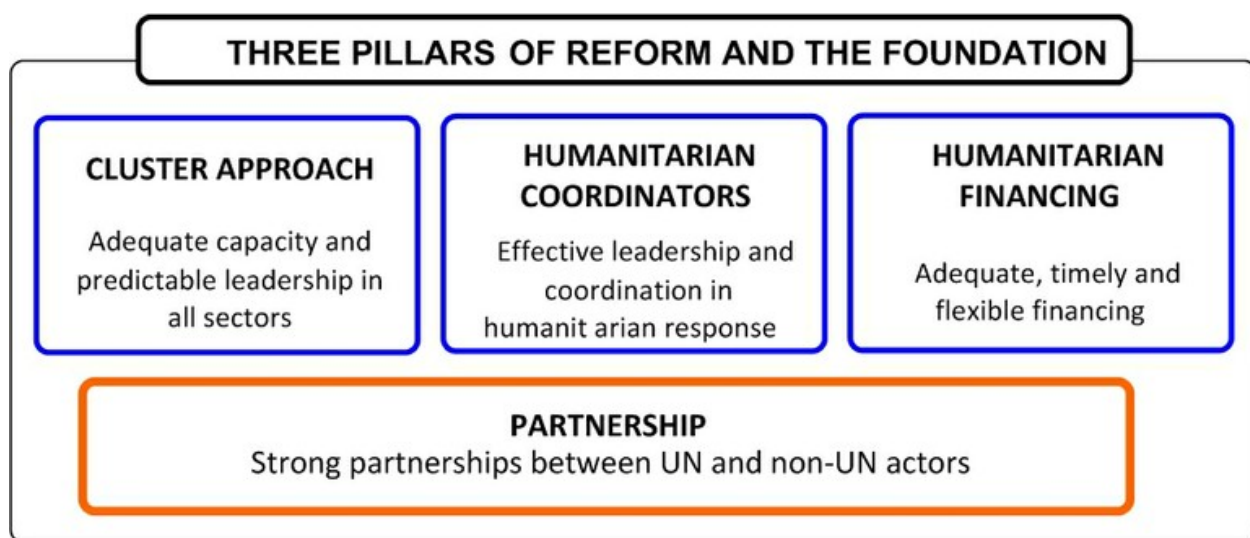
Third, high uncertainty surrounding the field can lead to the issue of firefighting, where humanitarian actors become incapacitated by the urgency of the emergency situation. When this occurs, problems tend to escalate into crises, and performance levels drop along with the quality of aid. Lastly, coordination remains a key challenge in all

disasters. Even with the elaborate UN humanitarian response systems in place, the need for immediate rapid response and the highly different contexts of disasters make it difficult for the agencies and NGOs to deliver aid programs efficiently and effectively from the minute the disaster strikes.

### **THE PILLARS OF HUMANITARIAN REFORM**

To facilitate the disaster management cycle, OCHA has in place three pillars of humanitarian reform: the Humanitarian Coordinator System, the Central Emergency Response Fund (CERF), and the Cluster Approach. These three pillars aim to strengthen the quality and quantity of leadership, improve the predictability of funding, and ensure more effective coordination, respectively. All three pillars are grounded in a foundation of collaborative partnerships between UN and non-UN actors.<sup>5</sup>

*Figure 1. Three Pillars of Humanitarian Reform*



<sup>5</sup> The foundation of collaborative partnerships is at times referred to as the fourth pillar of humanitarian reform.

*Leadership: Humanitarian Coordinator System*

The first pillar of humanitarian reform concerns leadership, which performs the integral function of bringing together the diverse humanitarian actors, from host governments and donors to international agencies and NGOs, toward the shared goal. Beyond serving as a cohesive agent, the leadership also bears the responsibility of maintaining the quality of aid and ensuring accountability to the affected communities. The leadership reform effort centered on “clarifying duties and responsibilities of Humanitarian Coordinators (HCs) and increasing the quality of HC candidates” (InterAction). To this end, OCHA endeavored to improve the recruitment process by establishing the HC selection panel and the HC pool. The formerly UN-only process has been opened to non-UN actors who may bring relevant experiences outside the UN framework into the HC role. In addition to defining and broadening the qualifications for the HC position, OCHA put together an HC training system. As NGOs put forward nominations for the HC role, OCHA created “a pool of ‘pre-approved’ HCs that could be sent out on short notice” (ICVA). Also, to address the issue of Residential Coordinators (RCs) without humanitarian experience being asked to serve as joint RC/HCs, OCHA offers training to equip RCs with knowledge on humanitarian issues and established a mentoring program for seasoned RC/HCs to counsel newly appointed RC/HCs. In certain situations, the RC and HC roles are separated.

*Financing: Central Emergency Response Fund*

Launched in 2006, CERF strives to “promote early action and response to reduce loss of life, [to] enhance response to time-critical requirements, [and to] strengthen core



elements of humanitarian response in underfunded crises” (CERF Site). Various UN studies show that aid given in the first three weeks following a disaster delivers the largest impact (Kent 28). Essentially, CERF helps jump-start critical humanitarian programs that lack funding. Voluntary contributions by governments and private sector organizations enable the UN to allocate a total of US \$500 million to disaster-stricken countries in the form of rapid response grants or underfunded emergency grants. The former promotes “early action and response to reduce loss of life and to enhance response to time-critical requirements,” and the latter strengthens “core elements of humanitarian response in underfunded crises” (CERF HC Info Sheet).

CERF is designed to complement the Consolidated Appeals Process (CAP), an advocacy tool for humanitarian financing of long-term development. Stakeholders come together to produce consolidated appeals highlighting needs in specific cluster areas, and OCHA disseminates these appeals online and through its publications. Potential donors rely on the detailed reports in the appeals to assess how much they will donate and which cluster areas they will make donations toward. “On average, since 1992, the Consolidated Appeals Process has sought \$3.1 billion per year, and received \$2.1 billion per year (68%)” (CAP Site). The CAP, however, acts as much more than a mere appeal for funding because aid organizations use CAP as an integral tool “to plan, implement and monitor their activities together” (CAP Site). The CAP process begins with analyzing the context, assessing needs, building scenarios, and setting priorities. Then it advances into planning the response, issuing a flash or consolidated appeal, monitoring aid and revising the appeal, and finally reporting the situation to stakeholders. Its invaluable assessment provides a platform on which governments, donors, aid agencies,

and NGOs can collaborate to ensure the delivery of high-quality aid. Both CERF and CAP complement existing humanitarian funding mechanisms, and traditional donor sources, such as governments, still fund the majority of needs. The United States is the largest state donor, contributing US \$73,394,580 in 2009. The European Commission and Japan follow behind the US in contributions.

*Coordination: Cluster Approach*

The Cluster System is the third key UN humanitarian reform mechanism. The IASC created the cluster system in 2005 in response to a UN review on the global humanitarian system, which recommended establishing the core areas of need. Currently eleven clusters have been identified: protection, camp coordination and management, water sanitation and hygiene, health, emergency shelter, nutrition, emergency telecommunications, logistics, early recovery, education, and agriculture (UNMIT Site). Each cluster has a designated UN agency that serves as its lead agency at the global level. The following table shows the eleven designated global cluster leads, each accountable to the Emergency Response Coordinator (ERC):

*Figure 2. Clusters and Their Lead Agencies at the Global Level*

**Box 1 Clusters and cross-cutting issues and their lead / focal agencies at the global level**

**Clusters for response areas**

- Agriculture Cluster (FAO)
- CCCM Cluster (UNHCR/IOM)
- Early Recovery Cluster (UNDP)
- Education Cluster (UNICEF/Save the Children)
- Emergency Shelter Cluster (UNHCR/IFRC)
- Health Cluster (WHO)
- Nutrition Cluster (UNICEF)
- Protection Cluster (UNHCR)\*
- WASH Cluster (UNICEF)

**Service clusters**

- Emergency Telecommunications Cluster (OCHA/WFP/UNICEF)
- Logistics Cluster (WFP)

**Cross-cutting Issues**

- Age (HelpAge International)
- Environment (UNEP)
- Gender (Co-chairs of the IASC Sub-Working Group on Gender, currently UNFPA and Winrock International)
- HIV/AIDS (UNAIDS)

\*The Protection Cluster includes a range of specific areas of responsibility with designated focal point agencies. At country level, especially child protection and gender-based violence are typically organized as “sub-clusters” and often enjoy a similar status to independent clusters.

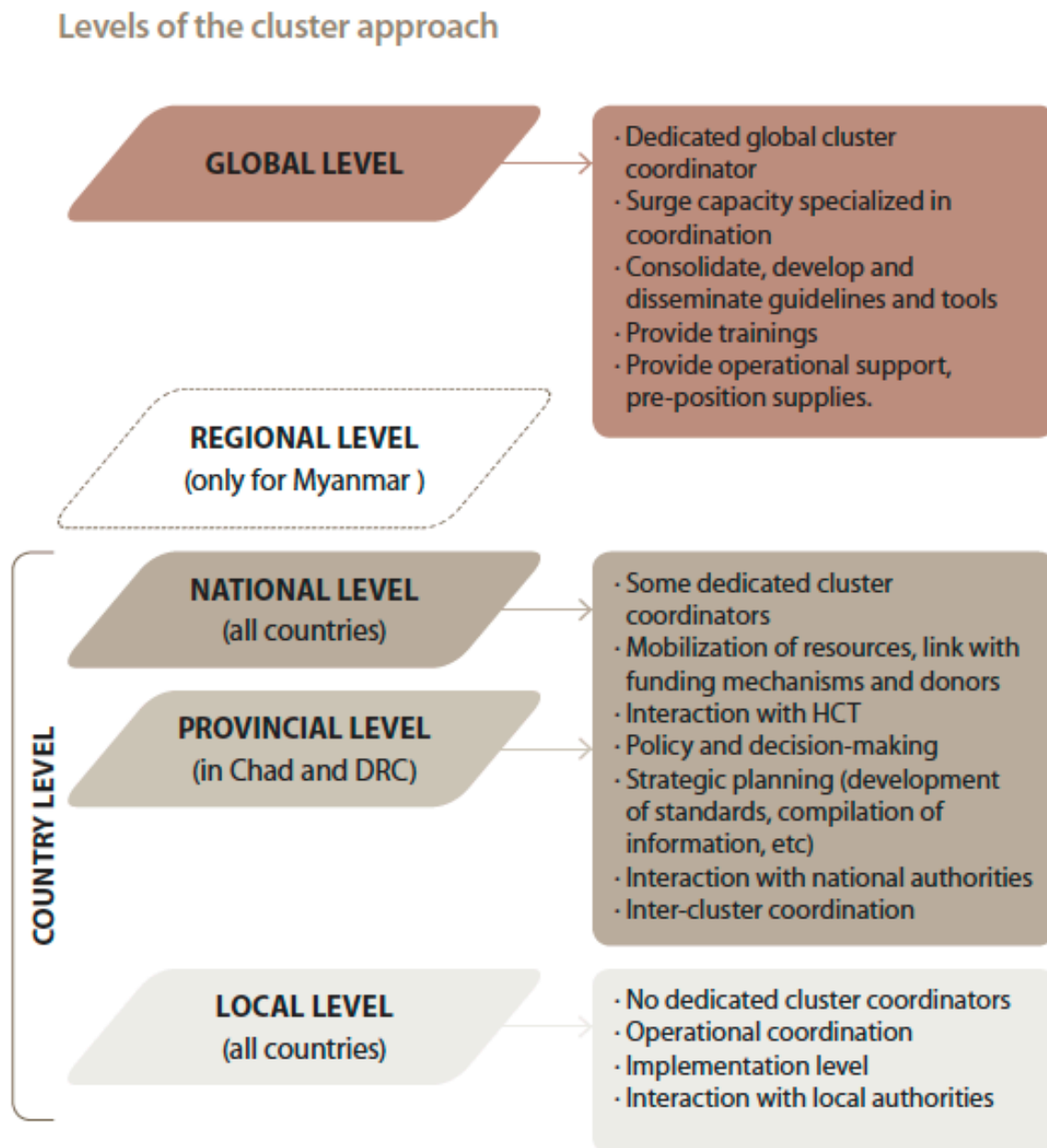
At the onset of a disaster, the global cluster lead with the corresponding expertise is responsible for “strengthening system-wide preparedness and technical capacity and ensuring predictable leadership, accountability, and partnership,” according to the Second

Phase IASC Cluster Approach Evaluation.<sup>6</sup> The lead agency strives to ensure that all needs in the cluster area are met and acts as the provider of last resort (PoLR); this means that the cluster lead should serve as backup in filling any existing gaps if no other humanitarian actor is able to do so. At the onset of a disaster, the government may choose to activate clusters. After the activation of a cluster, a lead organization—at times the same as the global cluster lead—receives the designation for overseeing national-level coordination. Cluster leads conduct regular meetings at the national, sub-national, and provincial levels on a “daily, weekly, monthly, or quarterly basis, depending on the intensity of the crisis” (IASC Cluster Approach Phase 2). During these meetings, cluster members share information, provide mutual feedback, create cluster strategies and work plans, organize joint activities, and prepare major funding appeals. Working alongside the different cluster levels, the global cluster lead focuses their efforts in three areas: standards and policy-setting, building response capacity, and operational support. The following diagram shows the organization of the cluster levels.

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<sup>6</sup> “The service clusters differ from the response clusters in that they provide services to other humanitarian organizations, rather than the affected population, have a stronger focus on global preparedness activities and, where necessary, act as the main service provider, rather than as provider of last resort” (IASC Cluster Approach Evaluation Phase 2).

Figure 3. Levels of the Cluster Approach



GPPI-URD conducted a survey to gather feedback on the cluster system, contacting over 600 humanitarians in different UN agencies and international NGOs. Of the 241 respondents, “75% of respondents felt that the introduction of the cluster approach had improved coordination and information exchange at the global level.” They attributed improved dynamics among humanitarian actors to well-functioning global clusters,

particularly WASH, Logistics, and Education. Less than a decade old, the cluster approach has much room for improvement, and humanitarian practitioners continue to fine-tune the system.

### **THE UN, STATES, AND NGOS IN THE HUMANITARIAN SPACE**

Before exploring humanitarian response, one must establish an understanding of the humanitarian environment and particularly of the formal and informal linkages created among the different international actors. The main actors in the humanitarian space include intergovernmental organizations such as the UN, states, and NGOs. While UN agencies and states constitute the structured bureaucracy, the “rapidly evolving NGO galaxy” challenges its relatively static counterparts with its unstructured nature (Donini).

#### *UN Actors*

The reinvention of the humanitarian aid system not only entailed the establishment of the Code of Conduct and the Sphere Project, but also required the creation and redefinition of the roles of various international agencies and NGOs. In 1991, OCHA was established as the arm of the UN Secretariat that would amalgamate the humanitarian partners to bring about a coordinated rapid response to emergencies. Among other missions, OCHA primarily serves to “mobilize and coordinate effective and principled humanitarian action in partnership with national and international actors” (OCHA Site). To this end, OCHA advocates for the rights of people in need, promotes preparedness and prevention, and facilitates sustainable solutions. Valerie Amos, the current Under-Secretary-General for Humanitarian Affairs and Emergency Relief

Coordinator (USG), heads OCHA and oversees the coordination of relief efforts internationally.

Shortly after the establishment of OCHA, the IASC was created in 1992 to enable open dialogue between key UN and non-UN humanitarian partners. Within the IASC, “disputes between partners are resolved, responsibilities are allocated to the various agencies, humanitarian policies are agreed upon, gaps are identified, and a common ethical framework is established” (IASC Site). Therefore, the IASC is the primary mechanism for inter-agency communication and coordination. The IASC is tantamount to a forum, whereas OCHA ensures that directives are carried out and humanitarian needs are met.

Both OCHA and IASC conduct affairs in Geneva, Switzerland, and four other actors lead the emergency response on the ground. Firstly, the United Nations Joint Logistics Centre (UNJLC) is responsible for collecting, analyzing, and disseminating logistics information. The 1996 Eastern Zaire crisis brought to light the need for better coordination and pooling of vehicles and trucks among the UN High Commissioner for Refugees (UNHCR), the World Food Programme (WFP), and UNICEF (Fritz Institute). Under the custodianship of the World Food Programme, the UNJLC was formerly recognized as a UN humanitarian response mechanism in 2002. When called upon, the UNJLC assesses the infrastructure and schedules the movement of humanitarian cargo and relief workers.

Secondly, the HC, the most senior UN official on site, is in charge of ensuring that all stakeholders are meeting their obligations to the beneficiaries. The HC is tasked with exercising diplomacy among the various NGOs, agencies, local government, donors,

and beneficiaries. He or she has the responsibility of monitoring and assessing the situation, then reporting to the USG in Geneva.

Thirdly, the HC has at hand the United Nations Disaster Assessment and Coordination (UNDAC) team, which is a stand-by team of disaster management professionals who are nominated and funded by member governments and various agencies. In the event of a disaster, the country may request the assistance of the UNDAC team, which “can be deployed within hours to carry out rapid assessment of priority needs and to support national Authorities and the United Nations Resident Coordinator to coordinate international relief on-site” (UNDAC Site).

### *States*

During a humanitarian crisis, relations between national governments and international humanitarian actors are often tenuous. On one hand, the government may be highly protective of its sovereignty, and on the other hand, the international community frequently fails to adequately include the government and local actors in coordinating and delivering the response. Various international laws and statements of principle designate the state as the primary actor responsible during a crisis. UN Resolution 46/182 states,

*“The sovereignty, territorial integrity and national unity of States must be fully respected in accordance with the Charter of the United Nations. In this context, humanitarian assistance should be provided with the consent of the affected country and in principle on the basis of an appeal by the affected country. Each State has the responsibility first and foremost to take care of the victims of*



*natural disasters and other emergencies occurring on its territory. Hence, the affected State has the primary role in the initiation, organization, coordination, and implementation of humanitarian assistance within its territory.”*

The Sphere guidelines and the Hyogo Framework for Action 2005-2015 support UN Resolution 46/182, according the state the primary responsibility for disaster risk reduction. ALNAP describes four main roles and responsibilities of the state:

1. The state “calls” a crisis and invites international aid,
2. The state provides assistance and protection,
3. The state monitors and coordinates external assistance, and
4. The state sets the regulatory and legal frameworks governing relief assistance.

The degree to which governments carry out these roles depends upon the nation’s infrastructural, human resource, and material capacity. Varying situations also influence the role of the state. In cases such as Sri Lanka, the government refuses to allow the international actors access into the country and rejects visa and program applications. In other cases, close cooperation between national authorities and international humanitarian actors may lead to over-reliance, resulting in a weakened government. An overpowering international presence can generate resentment from the people and the government as they perceive the agencies to be more expensive and less effective. Also, the international agencies may cause a human capital drainage; in Afghanistan, the higher wages offered by international aid agencies draw skilled professionals away from the government. The trend, however, shows a growing willingness on the part of the government to respond to disasters with international aid and a parallel growth in government capacity.

### *NGOs*

For the purposes of this research, humanitarian NGOs will be given an elastic definition that carries the essence of the World Bank's definition and combines Vakil's and Willets's definitions. They are self-governing, private, mostly apolitical, not-for-profit organizations striving to improve the quality of life of disadvantaged persons through legal means, such as advocacy and operational activities. In this context, NGOs do not include lobbyists, pressure groups, or global civil society, and they are not all professional given the volunteer base (Maiyegun). Their actions often reflect the objectives of those to whom they are accountable, namely donors, beneficiaries, their own organizational mission, and their peers with whom they collaborate. Lloyd classifies these stakeholders in terms of the following accountabilities, respectively: upward, downward, inward, and horizontal.

Beginning in 1968 with the adoption of the Economic and Social Council Resolution 1296, NGOs became formally integrated into the international policymaking scene. At the time, only international NGOs could exercise their consultative status, so national NGOs would engage in international diplomacy through the international NGOs. The presence of many local NGOs at the Rio Earth Summit in June 1992 spurred an upsurge of local and national NGOs organizing in the global arena, which led to Resolution 1996/31 and the accreditation of sub-regional, regional, and national NGOs. Furthermore, the Cardoso Report of 2004 proposed ways to bring greater coherence and consistency to UN-NGO relations. The proliferation of NGOs and the empowerment of NGOs in global policymaking signified a shift away from a top-down hierarchical

relationship between the UN and NGOs, where the NGO community simply carries out UN initiatives and policies.

NGOs play a crucial role in humanitarian response in terms of providing relief workers and resources. The two key NGOs are the International Federation of the Red Cross (IFRC) and the International Committee of the Red Cross (ICRC), with the former handling natural disasters and the latter mitigating conflict disasters. Over the past decade, debate has risen over the relative roles of the UN humanitarian agencies and the NGOs. While the UN agencies have the authority as neutral international bodies to lead the centralization of the humanitarian aid structure, they are heavily dependent upon well-established NGOs such as Oxfam, Amnesty International, CARE International, and Catholic Relief Services because they provide invaluable support, resources, and expertise. On the other hand, many NGOs cannot allocate sufficient staff time because they face a tight constraint on resources. Donors would need to augment funding and support if an NGO were to co-lead a cluster. In regard to the subject of cluster co-leads, the *Review of the engagement of NGOs with the humanitarian reform process* commissioned by The NGOs and Humanitarian Reform Project articulates, “The primary function of NGO technical staff is to support the in-country work by ensuring quality and relevance rather than to support UN functions” (26). Nonetheless, NGOs such as the IFRC and ICRC, whose founding dates back to 1919, bring years of experience and institutional knowledge. Because of their heavy involvement in the humanitarian system and the vital needs they serve, NGOs have been advocating for a greater voice in high-level discussions with the UN agencies.

## **CHAPTER IV: LITERATURE REVIEW**

### **THE REDISTRIBUTION OF POWER FROM STATES TO NGOS**

In accordance with realism, one of the predominant schools of political thought, the 1648 Peace of Westphalia established a political order in which the state is the principal actor in international politics. The *raison d'état* revolves around national security, which is necessary when anarchy dominates the international arena and disincentivizes states from developing trusting relationships. Universal moral principles do not exist in state-state relations. Therefore, the state is in the constant pursuit of power—both military and economic—to guarantee its survival in the hostile environment. In this political paradigm, civil society begins only after power has been organized and security is secured. The upsurge of intrastate conflict after the end of the Cold War, however, challenges the Westphalian state-centric model. Consider the fact that “from May 1988...to [December 2007], there have been 47 conflicts in which the United Nations intervened and only three of them were inter-state in character” (Yilmaz). The decline in traditional state-to-state threat feeds “a growing sense that individuals’ security may not in fact reliably derive from their nation’s security” (Mathews). Mathews claims that the power of states is actually declining relative to that of non-state actors—namely, businesses, international organizations, and NGOs. Consider former US President George H.W. Bush’s reference to service-oriented individuals and organizations as “a thousand points of light...that are spread like stars throughout the Nation, doing good.” He states, “We will work hand in hand, encouraging, sometimes leading, sometimes being led, rewarding.” Clearly, the state is no longer an autonomous

agent. “In many countries, [NGOs] are delivering the services—in urban and rural community development, education, and health care—that faltering governments can no longer manage,” and furthermore, “today NGOs deliver more official development assistance than the entire UN system (excluding the World Bank and the International Monetary Fund)” (Mathews). Mathews’ article epitomizes the optimism in the 1990s about the emergence of NGOs and civil society and their potential to “fill the gap” left where governments will not, or cannot, function.

### **THE ROLE OF NGOS, RECONSIDERED**

The emergence of the paradigm in which NGOs serve as principal service providers has spurred scholarship on the question, “Who is responsible for providing, financing, planning, and regulating services?” The World Bank suggests that the Central Government, which traditionally has been associated with the provision of social services, now is trending toward contributing financially and outsourcing the actual provision of social services (Cannon). The segment opposing Mathews argues that NGOs should not be serving in such a capacity. One of the main reasons provided is that NGOs’ power would consequently undermine states. In addition, the NGOs’ contributions may in fact be detrimental to the population served. Christy Cannon, Christopher Collier, and Alan Whaites articulate this perspective and advance three arguments around several cases.

First, if NGOs are fulfilling the service provision responsibility on behalf of the government, the government loses the chance to develop its capacity to provide the services, and it also relinquishes its lead role in policy formation. As an example,

Cannon notes, “Uganda’s health sector will necessarily be the responsibility of a range of agencies for many years to come, and decentralization is well under way.” Ugandan nationals have grown to expect “peace and security before service-provision” from their government (Cannon). With diverse agencies at different capacity levels, different regions often experience a range of service quality. While the decentralization of power may promote greater partnership between the government and NGOs at the local level, it presents a significant coordination challenge at the national level. Instead, if the government were to manage the provision of services and centralize the process, the quality of service provided would be standardized throughout the regions.

Second, NGOs working toward short-term goals to fill the immediate gap sometimes lose sight of the need to sustain their interventions. While NGOs serve as interim providers, the task ultimately falls on the shoulders of the government and local agencies when the NGOs exit. Collier states that NGOs tend to “overlook existing local capacities and responsibilities when designing and implementing their projects.” Besides the inherent inefficiency, this also prevents both NGOs and local agencies from moving forward and establishing long-term sustainable initiatives for the community. Collier also argues that NGOs reduce the accountability of local government to the people by “using its own front-line staff” and eliminating government participation in order to “ensure that positive reports [flow] back to donors on a timely basis.” This practice may help NGOs in their pursuit for additional funding, which is critical to their survival; however, the human and financial resources of the government become overlooked in turn, and new NGO initiatives may jeopardize existing local initiatives. Whaites supports Collier’s argument and further proposes that NGOs exude “an over-eagerness to fill gaps

in service provision” when they should actually “seek to build up the capacity of the state,” barring “mitigating circumstances.” Sustainability is key to any successful service effort, and the willing participation of local counterparts—both the people and the government—is a necessary ingredient to sustainability. Therefore, NGOs should not “damage prospects for genuine development by undermining the relationship between the people and their government” (Collier). Instead, NGOs should play an intermediary role and bring the local people and government closer in planning and implementing development initiatives. An enforceable system to hold the government accountable could be achieved when the NGO helps local people become aware of the responsibilities and capacities of their government and creates a forum for popular organization and participation (Collier).

Third, NGOs may be so intent on meeting needs that they compromise their mission integrity in order to meet the funding criteria set forth by donors and government. “Ugandan NGOs powerfully expressed their survival instinct, or the need to bring in enough money to remain viable,” according to Cannon. She points to the example of a mobile AIDS home-care program: insufficient funds prompted the dropping of the program in two counties of the Masaka District, whereas funding from DANIDA allowed the program to add two counties in the Rakai District. Also, NGOs tend to be reticent about divulging budgets and work plans with others besides their donors. Sometimes this lack of transparency between NGOs and the government contributes to tension and rivalry. On one hand, district personnel resent NGOs for refusing to share the financial information; on the other hand, NGOs claim they are willing to discuss and coordinate activities. NGOs worry that the funding “may eventually prompt the

government to institute regulations defining the kind of information which District officials are entitled to know from NGOs” (Cannon).

Overwhelmingly, Cannon, Collier, and Whaites express the importance of NGOs assuming roles that do not undermine the government, local agencies, and local population. Although NGOs are vital to service provision and often provide better-quality service, the long-term sustainability of the development effort is of utmost importance.

### **NGO EFFECTIVENESS, RECONSIDERED**

NGO effectiveness should also be reexamined in terms of their immediate need to sustain themselves. There is a mounting discussion on the adverse effect of material incentives on the transnational aid sector. Some argue that financial constraints pressure NGOs into competition for limited resources, thus generating negative consequences when aid projects are poorly coordinated. For example, James Pfeiffer presents a case study of Mozambique’s health sector and argues that the deluge of NGOs since the late 1980s has “fragmented the health system and contributed to intensifying social inequality in local communities.”

The global civil society has never been as robust, as evidenced by the rapidly growing transnational aid sector: “between 1960 and 1996, the number of INGOs grew from 1,000 to 5,500,” more than quintupling (Cooley and Ron). The growing organizational density, contractual incentives, and organizational pressures prod NGOs to prioritize financial considerations over serving the people. Cooley and Ron argue that undoubtedly “many of today’s INGOs are motivated by normative agendas,” but



“insecurity and competition...often [push today’s INGOs] to behave in rational and rent-seeking ways.” The competitive environment inhibits cooperation and even generates incentives that result in inoperative outcomes, contrary to the popular assumption that market-based competition produces efficiency and effectiveness. Cooley and Ron refer to this as the “multiple-principals problem” phenomenon, which occurs when multiple groups seeking control over the same project act unilaterally and conceal information to undermine their competitors. Because of the competitive aid market, NGOs constantly need to “renew, extend, or win new contracts, regardless of the project’s overall utility” (Cooley and Ron). Together, the multiple-principals problem and competitive bidding foster marketized mentalities and a competitive dynamic among NGOs that are counterproductive to aid coordination and delivery.

### **NGOS, STATES, AND UN AGENCIES’ ROLES**

This study focuses on the various coordination roles among NGOs, states, and international agencies and contributes to the discussion by looking at the circumstances under which NGOs can effectively respond to natural disasters. The experiences in Myanmar and in Haiti suggest that the optimism of the 1990s may have been a premature reaction. A disconnect exists between the NGOs’ function to provide immediate relief and the overarching long-term development needs of the state. NGOs and international agencies competing for scarce humanitarian funding do not have the necessary human capital, resources, or infrastructural knowledge of the state to deliver on this front. Neither can replace the government indefinitely.

## CHAPTER V: RESEARCH ON HAITI AND MYANMAR

### HAITI

*“...In 48 seconds, life went out in Haiti. The afternoon of 12 January 2010 took with it 300,000 lives, left one million homeless and destroyed nearly all of the buildings in the capital, Port-au-Prince, including the Presidential Palace, the Legislative Palace and the Palace of Justice. Other cities, including Léogane, Jacmel and Petit-Goâve, were also severely affected. The total losses have been estimated at around 8 billion dollars, which represents, according to experts, 120% of the GNP of Haiti in 2009.”*

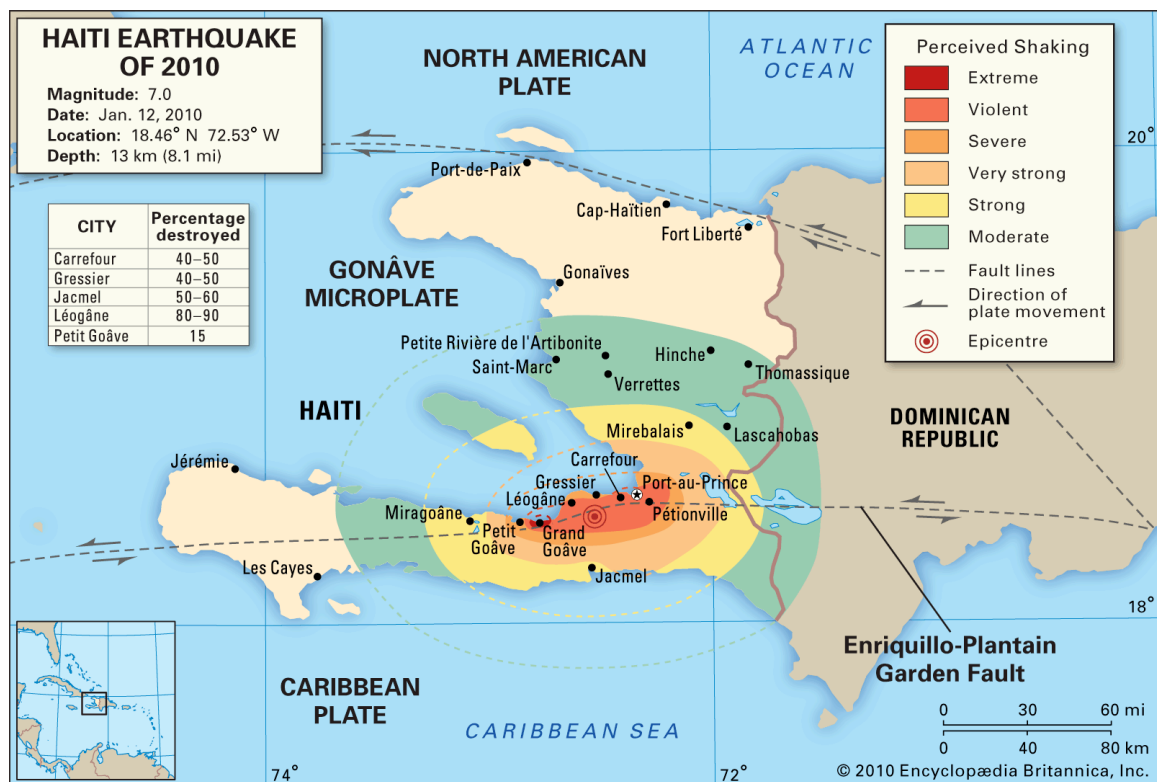
Fritzner Gaspard, Haitian Chargé d’Affaires in France

#### *Situational Overview*

Before examining the response to the Haiti earthquake, it is important to understand the country of Haiti. Haiti encompasses over 27,750 square kilometers of land in the Caribbean. The population in 2009 was 9.86 million (World Bank). Prior to the earthquake in Haiti, “55% of the population” lived “below the international poverty line of 1.25 USD per day,” a product of the country’s long history of natural and manmade disasters (Dolan and Ververs). Haiti ranked 158<sup>th</sup> out of 187 countries on the Human Development Index, which is based on a variety of indicators from health and education to human freedoms and economic growth. A high level of social inequality pervaded the country. The poverty and inequality created a dependence on foreign aid and funding; prior to the earthquake, 800 national and international NGOs—all listed in Haiti’s online directory of civil society organizations (CSO)—had a presence in the nation.

One of the most destructive natural disasters of the 21<sup>st</sup> century struck the nation of Haiti on January 12, 2010. The earthquake of magnitude 7.0 on the Richter scale dilapidated the capital of Port-au-Prince and surrounding areas, killing 222,650 people, injuring 310,930 people, displacing more than 2.1 million people, and compounding the already high level of chronic poverty with material loss that amounted to “more than 100% of Haiti’s national income” (OCHA). The following figure depicts the earthquake’s impact across the geographical regions in Haiti.

*Figure 4. Map of Haiti Earthquake*



The earthquake not only affected over 3 million people, but also crippled the Government of Haiti (GoH) and set back the UN by taking the lives of key decision-makers and by turning infrastructure into debris. “The Haitian government lost 33% of its personnel and the UN lost 102 staff members,” and the building damage assessment reported 403,176

damaged or destroyed buildings (OCHA). Beyond the deaths of decision-makers and civil servants, the Ministry of the Interior, which housed the Emergency Operations Center and the Direction de la Protection Civile (DPC), the Port-au-Prince fire station, and the National Disaster Risk Management System (NDRMS) were all heavily damaged. The lack of functioning mobile phones and government vehicles cut off communication and transportation, which were vital to GoH's assessment of the situation and response. Also, "30 hospitals of 49 in the affected areas were destroyed or damaged," severely reducing response capacity (OCHA). The Post Disaster Needs Assessment (PDNA) estimated that the earthquake produced a total value of damage and losses of US \$7.8 billion—US \$4.3 billion in physical damage and US \$3.5 billion in economic losses.<sup>7</sup> These damages and losses reduced the country's GDP by 70% (Office of the Special Envoy).

In the immediate aftermath of the earthquake, the Haitian population rose to the challenge and led the initial response despite facing major challenges—limited first aid knowledge, the absence of electricity, widespread debris, and personal loss and trauma. Neighbors, local CSOs, and communities saved countless lives while the government and international community struggled to overcome the constraints.

The GoH, although severely diminished in size and capacity to lead the initial response, immediately worked together with the international community to implement a coordinating mechanism and operationalized the DPC the day after the earthquake before authorities even activated the Centre d'Opérations d'Urgence (COU) (IASC). Regular

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<sup>7</sup> PDNA is a government-led exercise that pulls together information into a single, consolidated report detailing information on the physical impacts of a disaster, the economic value of the damages and losses, and the human impacts as experienced.

meetings between the Council of Ministers and international representatives led to the reactivation of the cluster approach on January 15, 2010.<sup>8</sup> Each cluster was co-led by a Minister or senior civil servant from a corresponding Ministry. Ministers also had to oversee the coordination in municipalities.

At the regional level, neighboring Latin American and Caribbean countries rallied to support Haiti. Regional entities CARICOM and OAS responded immediately with emergency supplies and pledges of financial assistance. They also took part in strategic recovery discussions with the GoH. The Dominican Republic, the first country to respond due to its proximity to Haiti, generously offered food, water, and mobile medical units. They also provided a resourceful solution to the logistical crisis in which the large amount of debris prevented the transportation of vital supplies by offering their territory and facilities, such as the airport, hospitals, emergency teams, and telecommunications services.

On the international front, international Search and Rescue (SAR) teams, the UNDAC team and other UN agencies, NGOs, international military, and humanitarian donors contributed their personnel and resources. “Within 24 hours, 27 countries had offered [Search and Rescue] teams and 3 were already in-country (Iceland, Dominican Republic, and the US), and within 48 hours, 6 teams were operational” (IASC). The 13-member UNDAC team mobilized with similar rapidity, arriving in Haiti less than a day after the earthquake. UNDAC coordinated the SAR teams in addition to conducting the initial assessments.<sup>9</sup> By the time the GoH called off the search for survivors on January

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<sup>8</sup> Clusters had been established in Haiti in 2008 to coordinate the response to the Gonaives flood emergency.

<sup>9</sup> “The UNDAC team established an Onsite Operations and Coordination Centre (OSOCC) in the

23, 2010, “67 teams had rescued a total of 134 people,” a record number for SAR teams. NGOs prepositioned in Haiti supported the initial assistance using in-country contingency stocks that were not damaged by the earthquake. Numerous humanitarian organizations flooded Haiti and joined in the relief effort.

Additionally, considerable international military presence from 26 countries facilitated the recovery effort and provided valuable services from debris management to goods dissemination. Within the first ten days, the US military had conducted 336 air deliveries of water, meals, and medical supplies (IASC). In the initial response stages, the US, Canada, and the Dominican Republic contributed the largest fleets. To better coordinate the military resources, the Coordination Support Committee (CSC) and the Joint Operations and Tasking Center (JOTC) were put in place. The CSC, co-chaired by the GoH and the United Nations Stabilizing Mission in Haiti (MINUSTAH), was a platform that brought together the US military, MINUSTAH, humanitarian representatives, and donors to plan and task strategic operations in such a way as to capitalize on the existing resources. The JOTC, established by MINUSTAH, OCHA, the Logistics cluster, and other partners, served as a “centralized coordinating body for the use of military assets” (IASC).

The Humanitarian Country Team, comprised of the Humanitarian Coordinator, UN agencies, NGOs, the International Red Cross and Red Crescent Movement, and donors, played the overarching role of strategic coordination in the initial emergency

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MINUSTAH Logistics Base in Port-au-Prince, supported by the European Civil Protection Mechanism (EU-MIC) and staff of OCHA. Two sub-OSOCCs were established in Jacmel and Léogâne to assist local authorities and humanitarian actors involved in the response. The UNDAC team, in cooperation with technical experts from the EU-MIC team and the Centers for Disease Control (CDC), conducted the initial damage and impact assessment in the earthquake-affected areas” (IASC).

phase. Key donors included the US Agency for International Development (USAID), the Humanitarian Aid Department of the European Commission (ECHO), the Canadian International Development Agency (CIDA), the UK Department for International Development (DFID), and the Spanish Cooperation (AECID). OCHA assisted in an advisory role on multiple topics from civil-military liaison to information management and from inter-cluster coordination to mapping.

“By May 2010, over 1,000 international organizations had provided humanitarian assistance in Haiti,” with 57% of the 1.5 billion USD Revised Humanitarian Appeal funding obtained (IASC RTE). The Food and Shelter clusters also made headway in the immediate aftermath with food aid, Cash for Work programs, and tarpaulin distributions. Despite the quick mobilization of international aid, the overwhelming scale of the disaster left international actors mired in the chaotic disorganization, and in due time, the sizable presence of largely amateur small volunteer groups from the Caribbean and the US—over 4,000 in total—strained the coordination system. Additionally, the “partial, sensationalist, and celebrity-obsessed media” relayed inaccurate and skewed messages during early stages of the response, “thereby inadvertently affecting funding allocation decisions” (Shepherd-Barron). Inexperienced humanitarian actors, poorly adapted practices in urban contexts, and weak global leadership undermined the efficient activation of cluster coordination and assembly of resources between January and April 2010 (IASC RTE). The Haiti experience exposed gaps in the cluster approach when confronted simultaneously with a colossal disaster and a severely weakened government counterpart to a myriad of international actors.

*Nutrition Cluster*

Before the earthquake, nutrition posed a challenge in impoverished Haiti. An estimated 32% of children under the age of five experienced chronic malnutrition, and 58% of the total population suffered undernourishment (IFPRI Global Hunger Index, FAO Statistics). Furthermore, inadequate childcare for young children imperiled their nutritional security during the window of opportunity, “the period between conception and age two when the irreversible damage caused by malnutrition can and should be prevented” (ALNAP). Only 40% of children 0-6 months were exclusively breastfed, and only 32% of children 6-24 months benefited from appropriate complementary feeding practices. The earthquake exacerbated the food insecurity and placed large numbers of Haitians at increased risk of mortality and malnutrition, “particularly acute malnutrition and micronutrient deficiencies” (Flash Appeal). Haitians had less accessibility to nutritious food and a weakened government to cope with the crisis, but the country had an influx of humanitarian actors working on nutrition security.

The Nutrition Cluster was immediately established upon the activation of the Cluster Approach. UNICEF served as the cluster lead when the cluster was officially activated one week after the earthquake. The February 2010 Flash Appeal listed feeding infants and young children and maintaining the nutritional status of children as a priority. It also identified women—particularly pregnant and lactating mothers—and children as the most vulnerable groups, with 1.47 million women and children needing nutritional support, among which 360,000 consisted of children under the age of five. The World Bank enumerated the following priority actions for securing nutrition in Haiti: (1) reduce chronic malnutrition, (2) reduce micronutrient deficiencies in iron, iodine, and vitamin A,



(3) reduce chronic food insecurity, and (4) improve the health system and include nutrition services. Main elements of the cluster response addressed the nutrition priorities by providing food rations and complementary feeding programs for at-risk populations (Plumpynut and micronutrient powder), opening community outpatient care centers and mobile units to treat severe acute malnutrition (SAM), mobilizing caregivers to give nutritional counseling, and erecting baby-friendly feeding tents in camps.

Despite its efforts, the Nutrition Cluster was plagued by weak predictability and accountability of leadership and ownership, poor cohesiveness in partnerships due to divergent political interests, and outstanding gaps. The momentum in the rapid call to action was not sustained in the follow-through.

Along the first dimension, the Nutrition Cluster was characterized by weak leadership and accountability. First, a general shortage of qualified nutritionists globally reduced the human resource (HR) surge capacity during the Haiti response. UNICEF had to compete with other UN agencies and NGOs for qualified practitioners. The French language prerequisite further complicated the search because far too few French-speaking personnel could be deployed on short notice. UNICEF reflected that “the Nutrition Cluster and section remained understaffed in terms of the number and quality of staff for most of the response,” and “unlike in the WASH Cluster, use of standby partners and institutional contracts with specialist organizations as an approach to rapid deployment [was] not well developed in the Nutrition Cluster.” The Global Nutrition Cluster (GNC) was “running at about one third of its required capacity” with one half-time Cluster Officer and one part-time GNC Coordinator based in the UK at the time of the earthquake (Dolan and Ververs). Also, there was an unfilled Nutrition in Emergencies

(NIE) post in UNICEF's headquarter Nutrition Section. UNICEF looked toward staff from HQ, regional, and country offices to fill the capacity gap as quickly as possible due to the lack of local staff. However, because temporary internal redeployment decreases capacity in other countries or offices, UNICEF has since shifted their HR strategy to emphasize sustainable funding as a way to recruit and fill key regional and country-level cluster positions.

The shortage of UNICEF staff and the bureaucratic nature of the emergency human resources section encumbered the aid process. Humanitarian practitioners faced the dilemma of juggling activities critical to the response: revising Flash Appeals and administering life-saving programs. A shortage in implementing partners paralleled the UNICEF staff shortage; the high mortality reduced the number of available nurses and French- or Creole-speaking nutrition experts, while survivors were often too traumatized and preoccupied with personal matters to work effectively. Underfunding further reduced human resources and capacity-building initiatives, such as the Nutrition Cluster Handbook. Without the appropriate people and resources in the right place, organizations could not take leadership or ownership of an area. Due to the critical need one month into the disaster, the Country Nutrition Cluster (CNC) Coordinator was finally able to secure funding to hire qualified international staff from NGOs.

In addition, UNICEF's weak leadership contributed to significant inefficiencies. As the designated lead agency and thus the PoLR, UNICEF was responsible for providing resources to fill remaining gaps in the Nutrition Cluster. The unprecedented scale of the disaster, however, placed severe strains on UNICEF in fulfilling its duty as the PoLR. Partially due to UNICEF's lack of technical authority, internal conflict

erupted in the cluster as diverse partners within the Nutrition Cluster had difficulty reaching a consensus on the correct assessment methods and the actual level of the affected population's needs. Nonetheless, cluster members endeavored to counter the setbacks and to improve the cluster's work.

Furthermore, the second dimension of accountability needed improvement on multiple fronts: within the cluster lead organization and between the cluster lead and cluster members. Due to the uncertain correlation between the job descriptions of the Nutrition Cluster coordinator and UNICEF program staff, the lack of clarity and understanding surrounding the cluster approach in the early stages of the emergency led to poor coordination of roles and responsibility. UNICEF worked to align the two roles and revise the terms of reference. The experience in Haiti revealed “an urgent need to develop the respective accountability structures not only within UNICEF but also for the partners” (Haiti Field Exchange). It also underscored the need for guidance on mainstreaming commitments to establish clarity on cluster and coordination roles, responsibilities, and accountabilities.

The GNC and the Country Nutrition Cluster (CNC), however, enhanced accountability between cluster members with regular coordination meetings.<sup>10</sup> Regular GNC emergency coordination meetings led by the CNC Coordinator in Haiti gave global partners—UN agencies, NGOs, and other humanitarian actors—a chance to share information, assess the situation, and update others on the nutrition situation. Similar to the GNC meetings, the CNC meetings provided a forum for discussion among the GoH and international agencies, meeting frequently—“initially three times per week for up to

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<sup>10</sup> Between January 15 and 18, 2010, the country-level cluster coordination team was assembled.

1.5 hours” (Dolan and Ververs). Thirty to forty participants from a range of organizations attended the meetings to discuss challenges and solutions. While the GNC worked together and identified an immediate area of focus—infant and young child feeding in the emergency (IFE), the CNC team also established focus areas, as enumerated by Carmel Dolan, the GNC Consultant, and Mija Ververs, the CNC Coordinator:

- Protecting, supporting, and feeding children safely
- Administering micronutrient supplementation
- Overseeing community-based management of acute malnutrition
- Controlling and coordinating breast milk substitute donations.

After the IFE Core Group identified three main areas of concern—supporting mothers giving birth and nourishing their babies without healthcare facilities, caring for infants in the event their mothers have died or are injured, and managing the influx of breast milk substitutes arriving in Haiti—they discussed and leveraged lessons from the 2004 Indonesia earthquake, 2006 China earthquake, 2008 Myanmar cyclone, and 2009 Philippines floods. Indeed, they adapted the UN interagency Joint Statement used in Myanmar and in China to the Haiti context, and radio broadcasts helped to relay important IFE announcements to the public in Haitian Creole. Although operational agencies had difficulty translating guidance from the Joint Statement to field work, the fast action taken in the area of IFE speaks to the cluster approach’s strength in galvanizing stakeholders to make joint decisions. Like the GNC, the CNC also demonstrated both challenge and success in accountability of leadership and ownership. On one hand, human resources posed a challenge to the CNC coordination team: some

candidates received formal training but lacked coordination experience, while others had experience but lacked training. On the other hand, the Director of Nutrition of the Ministry of Health co-chaired meetings with the CNC Coordinator from UNICEF and aligned cluster efforts with national nutrition policies.

On the second dimension, the Nutrition Cluster needed mechanisms for actualizing the concept of peer accountability through productive partnerships. This concept “stipulates that NGOs as cluster co-facilitators should be accountable to their peers, since accountability toward the Humanitarian Coordinator does not apply to organizations outside the UN system” (GPPI-URD). The unstable political landscape rendered partnership in the cluster difficult. “Fear of exposure to public scrutiny and critique, and the NGOs’ worry of decreasing their scope for advocacy vis-à-vis the UN” compounded the negative effects of the political instability, inhibiting NGOs and the government from co-facilitating the cluster (GPPI-URD). The initial confusion surrounding the cluster approach and the lack of knowledge of some organizations could be attributed in part to the need for greater partnerships. For example, the problematic surplus of breast milk substitutes—well-meaning but unsolicited donations—illustrates the detrimental effect of misinformation. In initiating or accepting these breast milk substitutes, organizations often breached the International Code on Marketing of Breast Milk Substitutes and obstructed meaningful aid initiatives because the CNC Coordinator had to turn their attention to managing the unsolicited donations. The creation of synergies between the different actors and agencies through closer cooperation would facilitate greater information-sharing. In another example, the supply of Ready-to-Use Infant Formula (RUIF) by a donor through an NGO highlighted “the Nutrition Cluster’s

ability to draw on cluster partner resources in response to a need” (Haiti Field Exchange). UNICEF provided a significant portion of the supplies in fulfillment of its duties as a major cluster partner, but cluster members also shared the responsibility and acted as partners. Efforts to establish coherency across plans and to implement common strategies and standards, though much delayed, were not entirely in vain. The lack of data on artificial feeding care estimates prompted the CNC team and partners to prepare detailed programming guidance from scratch. Their fruitful partnership led to productive gains in IFE programming and learning and a rapid technical response. Also, the reliable internet connection, rebuilt several weeks after the earthquake, allowed the CNC team to share up-to-date knowledge and useful information among partners on the Nutrition Cluster website. Beyond intra-cluster partnerships, greater alignment was necessary between clusters. The general emergency response failed to integrate and prioritize the IFE program of the Nutrition Cluster, consequently leaving potential synergies untapped. As for partnering with GoH, “UNICEF’s pre-existing country office presence facilitated understanding of the situation and contributed to better relationships with government” (Haiti Field Exchange). Guidelines and tools collaboratively developed by the Ministry of Health and UNICEF before the earthquake “facilitated consensus building, ownership and mutual interest among all partners working together, and even with less traditional nutrition partners” (Haiti Field Exchange).

On the third dimension regarding impact on the population, the productive partnership between the Nutrition Cluster and GoH did not extend to the interaction between the Nutrition Cluster and the local population. “The affected population was largely excluded from the design and implementation of the response”; beneficiaries did

not serve in any meaningful capacity in deciding how the response was to be carried out (Haiti Real-Time Evaluation). This contributed to UNICEF's low NIE capacity at the regional level. The fact that accessible beneficiaries were not included in the response process in either design or implementation points to two realities: (1) the humanitarian actors' inexperience in navigating the complex urban environment, and (2) the poor effort to increase participation by the affected population. The Nutrition Cluster's failure to implement mechanisms for promoting inclusive and participatory approaches toward engaging civil society was a byproduct of the cluster approach's endeavor to improve accountability by focusing on formal accountability mechanisms. These formal mechanisms include international and national humanitarian law, protocols, codes of conducts, evaluations, memorandums of understanding, joint policy agreements, and partnerships (ALNAP). As mentioned previously, formal accountability mechanisms were not adequately enforced between partners. The GPPI-URD report suggests that by focusing on formal accountability mechanisms instead of balancing formal with informal mechanisms, the diversity and independence of actors were undermined. The formal nature led to the formation of a hierarchy and the weakening of partnerships. The hierarchical, top-down coordination undermined informal accountability toward civil society, degrading the quality of the humanitarian response. Furthermore, the hierarchical organization weakened coordination efforts. For example, decisions made at the UNICEF headquarters and regional office regarding the nutrition supply pipeline and logistics chain overruled decisions made by field-level nutritionists (Dolan and Ververs). The complex organization contributed to delay, misunderstanding, and tension. Not only did UNICEF nutritionists feel their mapping work was overlooked, but the weak

coordination also prevented UNICEF from transporting supplies from well-stocked warehouse to the field in a timely manner initially.

As for outstanding gaps, chronic malnutrition remained a “deeply rooted structural challenge for Haiti’s children” one year following the earthquake (UNICEF). Ten thousand severely acutely malnourished children without medical complications received medical attention in 159 Outpatient Therapeutic Programs, and 1,250 severely acutely malnourished children with medical complications were nursed in 28 Stabilization Centers (UNICEF). Nevertheless, children in distant rural areas and those in densely populated urban slums, such as Cité Soleil and Croix de Bouquets, continued to lack access to services. From another perspective, the relatively stable levels of acute malnutrition testify to the efficacy of UNICEF’s preventive interventions, such as blanket feeding and distributing micronutrients and deworming tablets. In the IFE area, UNICEF constructed a network of 107 Baby-Friendly Tents and Corners as centers for nutritional counseling and advice for mothers and children. “By December 2010, more than 102,000 children under twelve months and over 48,900 mothers” had benefitted from this initiative (UNICEF). The following table tracks the cluster’s progress:

*Figure 5. Haiti Nutrition Cluster Targets and Progress in 2010*

Indicators	Nutrition Cluster 2010 Target*	Nutrition Cluster Progress to Date	UNICEF 2010 Target	UNICEF Progress to Date
Baby-Friendly Tents and spaces in facilities established	150	107	107	107
Infants under 12 months receiving feeding support, and mothers receiving counselling	71,000 children and mothers	102,035 children and 48,913 mothers	71,000 children and mothers	102,035 children and 48,913 mothers
Children with severe acute malnutrition receiving treatment in affected areas	4,850	11,250*	4,850	11,250*

Source: Nutrition Cluster, UNICEF programme. Targets are the same for UNICEF and the Sub-Cluster. \*Progress to date is the same, reflecting supply support and technical assistance provided by UNICEF to members of the Nutrition Cluster. Children treated include children suffering from SAM without medical complications in 159 Outpatient Therapeutic Programmes and children suffering from SAM with medical complications receiving care in 28 Stabilisation Centres.

In the areas of systems-strengthening and capacity-building, UNICEF assisted the Ministry of Health financially and technically to develop a national protocol for the



management of severe acute malnutrition. The widespread implementation of the national protocol marked a turning point in standardization and harmonization of practices. Another national protocol, Infant and Young Child Feeding, was created shortly after. Once lifesaving emergency efforts mitigated immediate needs, the Nutrition Cluster gradually turned its attention to largely unaddressed chronic needs.

The following table provides a summary of the Haiti Nutrition Cluster’s overall performance across the three dimensions.

*Figure 6. Haiti Nutrition Cluster Evaluation*

<b>Haiti Nutrition Cluster</b>		
<b>Overall Performance: Ineffective</b>		
Leadership and Accountability	Partnership	Impact on Population
<p><u>Ineffective</u></p> <ul style="list-style-type: none"> <li>• Capacity of cluster lead UNICEF questioned</li> <li>• HR challenge</li> <li>• Weak UNICEF lead</li> <li>• Respective accountability structures lacking</li> <li>• Weak accountability within cluster lead organization and between cluster lead and members</li> <li>• Productive GNC and CNC meetings</li> </ul>	<p><u>Adequate</u></p> <ul style="list-style-type: none"> <li>• Coherency across IFE plans</li> <li>• UNICEF-GoH collaboration before earthquake</li> <li>• Information-sharing on website</li> <li>• Poor inter-cluster coordination</li> <li>• Inefficiencies resulting from misinformation</li> </ul>	<p><u>Ineffective</u></p> <ul style="list-style-type: none"> <li>• Beneficiaries excluded from response</li> <li>• Focus on formal accountability mechanisms</li> <li>• Chronic malnutrition one year later</li> <li>• Stable levels of acute malnutrition</li> <li>• National protocol for management of malnutrition</li> </ul>

### *WASH Cluster*

James Shepherd-Barron, the third WASH Cluster Coordinator serving from May 5 to August 1, 2010, observed that even before the earthquake, Port-au-Prince “had one of the worst sanitation situations of any capital city in the world,” with no sewage

network or treatment plant. UNICEF reported, “Only 19% of people had access to improved sanitation facilities, down from 29% in 1990.” The earthquake exacerbated the poor sanitation and hygiene conditions in Haiti. UNICEF cited, “More than 1.5 million displaced people had no immediate access to safe drinking water or a toilet, and were at risk from sanitation- and water-related diseases.” The devastating cholera outbreak that began in October 2010 killed more than 7,000 people and further complicated response planning.

The WASH Cluster, co-led by UNICEF and La Direction Nationale d’Eau Potable et d’Assainissement (DINEPA), was one of the most applauded clusters in Haiti. It performed strongly across the three dimensions of leadership, partnership, and accountability to the beneficiaries.

The first dimension of leadership proved to be highly effective. From providing 10.5 tons of chlorine and 45 million water purification tablets to installing and maintaining over 11,300 latrines and campsites, UNICEF led the WASH Cluster with great success and served as an accountable PoLR. DINEPA, the GoH regulatory authority established in 2009 in charge of reforming Haiti’s water and sanitation system, also took charge of the response. Trevor White, a WASH Technical Advisor for the Office of US Foreign Disaster Assistance (OFDA) of USAID, remarked, “This was an international emergency WASH response success. No other sector in Haiti had a government department leading a cluster. I saw DINEPA create an environment of cooperation—and save lives.” Jay Graham, a USAID Environmental Health Advisor, echoed White’s applause, “DINEPA’s personnel are very committed.... I was surprised. You hear that the cluster system doesn’t work. Here is a WASH Cluster response that is

effective.... DINEPA places water quality test results and data on-line; they are transparent, sensitive to requests from stakeholders, open to criticism and NGO challenge, and forthright about sharing contacts. DINEPA and UNICEF give each stakeholder a chance to speak at cluster meetings, and they encourage Haitians to participate in the meetings.” The cohesive leadership allowed for the establishment of the following Minimum Standards for Sanitation Operational Principles and Practices in Temporary Sites as well as key Cholera Sanitation Response activities:

- 1 toilet per 50 persons
- 1 shower per 50 persons
- Distance to furthest users no more than 50m
- 1 handwashing station per 5 toilets
- 1 to 5 toilets for disabled persons
- Guaranteed basic sanitation (including drainage)
- Daily disinfection of latrines (especially slabs, seats, and panels)
- Desludging guaranteed by a company approved by DINEPA/WASH Cluster and done on sites with DINEPA authorization.

Operational support, however, remained an area of concern for leadership and accountability. White reported, “All responders were working 20-hour days under serious stress.” Shepherd-Barron elaborated that while other units and sections “were housed in air-conditioned containerized accommodation well in advance,” “the WASH Cluster coordination team was housed in a sweltering tent where daytime temperatures hovered in the low forties centigrade until the second week of July (i.e. 25 weeks after [the] onset of [the] disaster).” In addition, inadequate technology—“cheap mobile phones whose

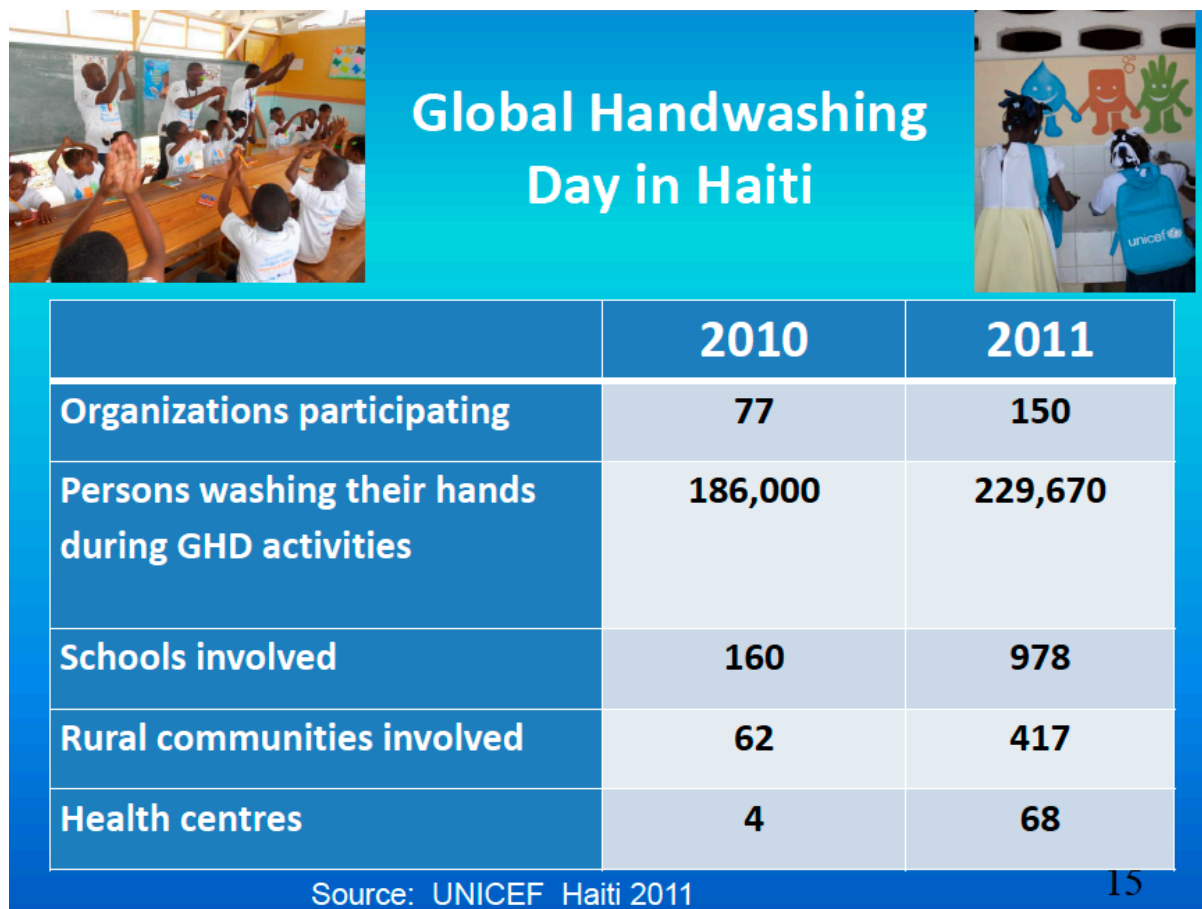
credit regularly expired”—and inefficient transportation—“with an average of three hours per day spent in a vehicle traveling either to or from DINEPA or visiting partners in the field”—provided to the Cluster Coordinator raised efficiency issues (Shepherd-Barron). Altogether, the poor connectivity, transport, and working environment reduced functionality of the WASH Cluster coordination team.

As for accountability among the humanitarian actors, Shepherd-Barron noted that “in Haiti, only 23 of the 52 organizations provided regular activity reports to the Cluster format, with the others requiring constant follow-up.” Despite the need for follow-up and lack of knowledge as result of inadequate information-sharing, the active leadership assisted greatly to make the WASH Cluster system a collective effort.

Regarding the second dimension of partnerships, the Haiti WASH Cluster demonstrated the cluster approach’s ability to bring together different actors across the public and private sectors and to forge effective working relationships. UNICEF and other WASH members worked together with municipal authorities and the National Direction for Potable Water and Sanitation (DINEPA). “At the height of the emergency, UNICEF and its partners were trucking a daily average of 8.3 million liters of clean water to close to 60,000 people—the equivalent of a line of trucks the length of 160 football pitches” (UNICEF). Beyond construction and water purification projects, agencies mobilized staff to organize hygiene promotion activities and to distribute hygiene kits in communities. In the cholera response, the WASH Cluster trained 4,500 new hygiene promoters, engaging religious leaders, government, NGO networks, and global tools. The WASH Cluster also worked together with schools to promote hygiene and keep water-borne diseases at bay. UNICEF and DINEPA actively developed partnerships—

they gathered 77 organizations to organize the Global Handwashing Day on October 15, 2010, a massive grassroots effort that impacted over 709,000 people (UNICEF). The following figure illustrates the expansion of Global Handwashing Day in Haiti from 2010 to 2011.

*Figure 7. Haiti Nutrition Cluster Global Handwashing Day Data 2010-2011*



As for the third dimension, the WASH Cluster positively impacted and engaged the local population. UNICEF, DINEPA, cluster members, and partners delivered critical supplies and services in a timely manner under the effective co-leadership of UNICEF and DINEPA. Graham remarked, “The cluster works fast; test results show improved water quality.” Within two to three days of testing wells and approving good sources, DINEPA “established a fleet of privately owned chlorinated water tankers, fuel reserves,

and a delivery system” (Trevor). An initial inefficiency existed in the water delivery process, but DINEPA coordinated with NGOs, who then set up water bladders and tap stands and eliminated the queues. The following table traces the WASH Cluster’s targets and achievements in 2010.

*Figure 8. Haiti WASH Cluster Targets and Progress in 2010*

Indicators	WASH Cluster 2010 Targets	WASH Cluster Progress to Date	UNICEF 2010 Targets	UNICEF Progress to Date
Access to safe water for earthquake-affected people	1.2 million people 10 litres/person/day	1.2 million people 6 litres/person/day	500,000 people 10 litres/person/day	678,000 people* 6.5 litres/person/day
Emergency sanitation for displaced people (latrines installed)	1.7 million people** 34,000 latrines	1 million people 15,309 latrines	250,000 people 12,500 latrines	804,000 people 11,324 latrines
People who can demonstrate knowledge of hygiene practices	1.54 million people (90% of 1.71 million)	1,030,000 people (60% of 1.71 million)	250,000 people (14% of 1.71 million)	709,000 people (41% of 1.71 million)
Source: WASH Cluster, UNICEF programme. *Results from water-trucking effort from January through May, after which UNICEF transitioned to systems repairs and extensions to serve 130,000 people with the remainder of the effort covered by the WASH Cluster. ** Sanitation strategies and targets for people supported with emergency sanitation evolved over the year with changes in displacement patterns, and the target following the dynamic of displacement and realigning progressively to just above 1 million people displaced as of December 2010.				

Within one year, “approximately 1.72 million people have benefited from water and sanitation assistance including safe drinking water, latrines, bathing facilities, and NFIs, as well as the removal of solid waste and the provision of appropriate drainage” (UNICEF). The early establishment of the water delivery system and its success can be attributed in part to UNICEF and DINEPA’s active inclusion of the beneficiaries at cluster meetings. Throughout the recovery phase process, the WASH Cluster identified local authorities, community-based organizations, and community leaders as critical partners. Leaders of groups of women in the camps and neighborhoods were engaged to help with planning and monitoring and to ensure the appropriation and sustainability of the sanitation response. The local population’s satisfaction was evident; they made few complaints regarding water. Moreover, in the recovery plan for the WASH Cluster, UNICEF and DINEPA endeavored to “put communities in the driver’s seat” and promote community ownership of the response through transitioning the responsibility toward the community. Its plans for Community-Led Total Sanitation and adoption of the “Strategie

Quartier” principle demonstrated the WASH Cluster’s view toward the long-term sustainability of relief efforts through the incorporation of the affected population.<sup>11</sup>

The following table summarizes the achievements of the Haiti WASH Cluster along the three dimensions.

*Figure 9. Haiti WASH Cluster Evaluation*

<b>Haiti WASH Cluster</b>		
<b>Overall Performance: Effective</b>		
Leadership and Accountability	Partnership	Impact on Population
<p><u>Effective</u></p> <ul style="list-style-type: none"> <li>• Active cluster co-leads UNICEF and DINEPA</li> <li>• Minimum Standards for Sanitation Operational Principles &amp; Practices established</li> <li>• Poor operational support</li> <li>• Information-sharing by cluster members needs improvement</li> </ul>	<p><u>Effective</u></p> <ul style="list-style-type: none"> <li>• Strong cluster-government co-leadership</li> <li>• Partnership with 77 organizations for Global Handwashing Day in 2010</li> <li>• Worked with schools to promote good practices</li> <li>• Effective activation of NGOs</li> </ul>	<p><u>Effective</u></p> <ul style="list-style-type: none"> <li>• Latrines and campsites set up and maintained</li> <li>• Water purification</li> <li>• Community needs met</li> <li>• Community invited to participate in cluster meetings</li> <li>• Community-led Total Sanitation plan</li> </ul>

### *Assessment of Haiti*

In the immediate aftermath of the earthquake and the first year of operations, considerable achievements were accomplished within the cluster system, and key challenges were identified. ALNAP reported, “Overall targets across all sectors for the first six months of the emergency response operation were met.” The 2010 IASC

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<sup>11</sup> The principle of “Strategie Quartier” aims to facilitate a holistic return of camp populations to neighborhoods.

*Response to the Humanitarian Crisis in Haiti* identifies the following achievements across the clusters:

- 4 million people have received food.
- 1.2 million people have access to safe water daily.
- 1.5 million people have received emergency shelter materials.
- 2.1 million household Non-Food Items (NFIs) have been distributed.
- 11,000 latrines have been installed.
- 90% of internally displaced persons in Port-au-Prince have access to adjacent health clinics.
- 195,000 children have benefited from temporary learning spaces.
- 550,000 children and pregnant/lactating women have received supplementary feeding.
- 1 million people have benefited from Cash-for-Work programs.
- 5,900 people have been relocated from imminently dangerous locations.
- 142,000 households have received agricultural inputs for spring planting.
- 2,047 separated children have been registered and 337 reunited with their families.

Significant challenges encumbered the cluster system in Haiti. The major roadblock revolved around the absence of the government. Decision-makers “who would normally be expected to lead and manage the response were themselves victims of the earthquake” (ALNAP). Debris and infrastructural damage obstructed aid, and the private sector received a hefty blow, reducing its capacity to assist with rebuilding livelihoods. The cluster system also had to accommodate the hundreds of aid agencies overwhelming



the coordination structure. The tendency to use English created another problem for coordination, as this excluded the French- and Creole-speaking national and local authorities. In general (with the exception of the WASH Cluster), aid agencies overlooked national and local capacities and existing guidelines and methodologies under the pressure of the high-profile, large-scale emergency. Clearly, the response to the Haiti earthquake was burdened with much inefficiency.

Due to efforts made by the national authorities and the humanitarian community throughout 2010 and 2011, the humanitarian situation in Haiti has improved. “The number of people living in camps has decreased by approximately 63% from 1.5 million in July 2010 to 550,560 in September 2011” (Haiti 2012 Consolidated Appeal). The GoH, now stronger, chairs or co-leads a majority of the clusters. However, the context has changed as needs have evolved, different actors are at the helm of response and coordination, and new issues have risen.

## **MYANMAR**

*“On 2 and 3 May 2008, Cyclone Nargis struck the coast of Myanmar, leaving behind a trail of unprecedented destruction in the Ayeyarwady Delta and southern Yangon Division. This natural disaster, the worst in Myanmar history, was responsible for the loss of 138,000 lives, wide-spread destruction, shattering livelihoods for 2.4 million people and the breakdown of economic activities and social conditions.”*

Bishow B. Parajuli, Resident Representative of UNDP Myanmar

### *Situational Overview*

Before examining the response to Cyclone Nargis, it is important to understand the country of Myanmar. Myanmar is the largest country in mainland Southeast Asia. It

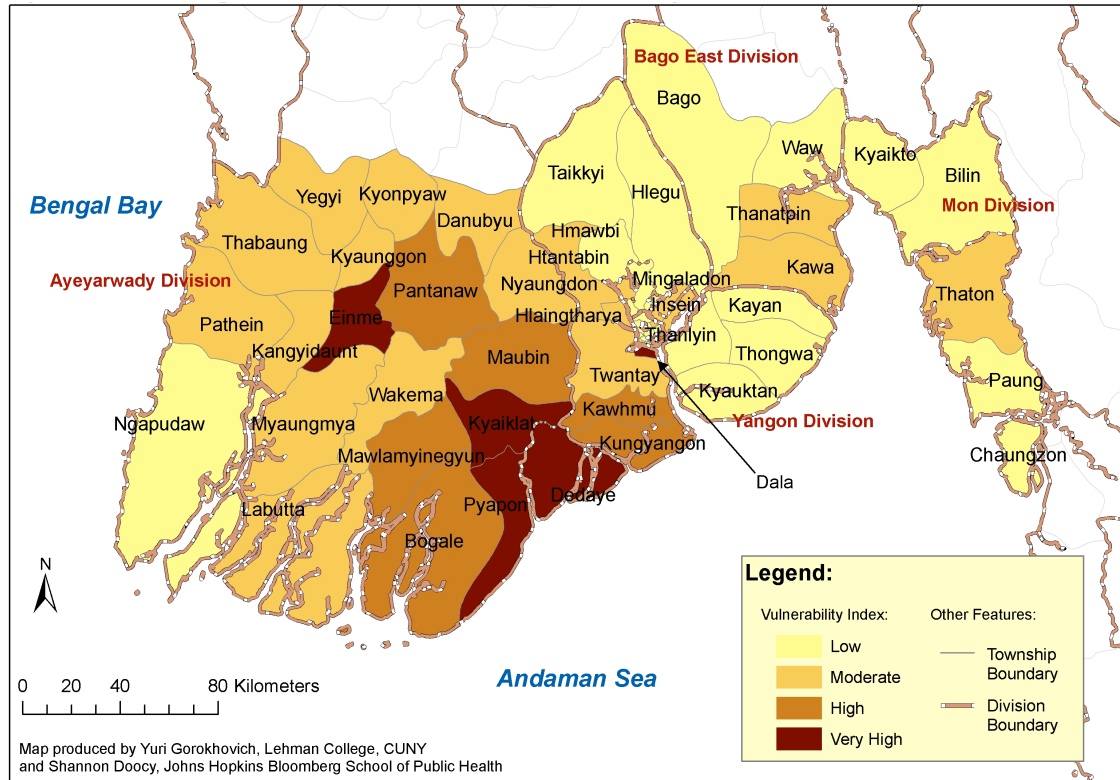
spans over 676,578 square kilometers of land, upon which 51.5 million people resided in 2007. The OCHA Flash Appeal provides a consolidated country profile.

*Figure 10. Myanmar Country Profile*

>	Population	51,500,000 people (UNFPA SWP 2007)
>	Under-five mortality	104 p/1,000 (UNICEF 2006)
>	Life expectancy	59.9 years (UNDP HDR 2006)
>	Prevalence of undernourishment in total population	5 % (FAO Statistical Division 2004 estimate)
>	Gross national income per capita	n/a
>	Percentage of population living on less than \$1 per day	n/a
>	Proportion of population without sustainable access to an improved drinking water source	22 % (UNDP HDR 2006)
>	IDPs (number and percent of population)	503,000 (1%) (IDMC May 2008)
>	Refugees	n/a
	> In-country	202,826 (UNHCR June 2007)
	> Abroad	2/3
>	ECHO Vulnerability and Crisis Index score (V/C)	0.583: 132 <sup>nd</sup> of 177: medium human development
>	2006 UNDP Human Development Index score	
<b>Also</b>	>	242,000 people are living with HIV/AIDS (MoH 2008)
	>	Maternal mortality stands as 230 p/10,000 (WFP Project Food Needs/Asia 2008)

Cyclone Nargis struck Myanmar on May 2 and 3, 2008, landing in the Ayeyarwady Division, sweeping through the Yangon Division, and affecting over 50 townships. The category 3 cyclone, which drew wind speeds that reached 200 kilometers per hour, and the accompanying heavy rain inflicted severe damage throughout Myanmar, particularly in the Ayeyarwady Delta, which was struck by a 12-foot storm surge. The following figure depicts Cyclone Nargis's impact across the geographical area.

Figure 11. Cyclone Nargis: Most Affected Areas by % of Population and Area



“Nargis was the worst natural disaster in the history of Myanmar, and the most devastating cyclone to strike Asia since 1991,” concludes the Tripartite Core Group (TCG) in the Post-Nargis Joint Assessment.<sup>12</sup> The unprecedented scale and magnitude of Cyclone Nargis overwhelmed the country despite its historical experience with small to medium-scale natural disasters, such as fires in the dry season and tropical storms in the monsoon season.<sup>13</sup> As of June 24, 2008, “the official death toll stood at 843,537 with 53,836 people still missing, and 19,359 injured” (TCG). In the widespread devastation,

<sup>12</sup> On May 25, 2008, at the ASEAN-UN International Pledging Conference organized in the aftermath of the cyclone in Yangon, agreement was reached to form a Tripartite Core Group (TCG) to coordinate relief efforts, bringing together the Government of the Union of Myanmar, the United Nations, and the Association of Southeast Asian Nations (ASEAN).

<sup>13</sup> Historical data indicate that between 1996-2005, urban fires constituted about 70 percent of disaster events, followed by floods (11 percent), storms (10 percent) and others (9 percent) including earthquakes, tsunamis and landslides. Between 1910 and 2000, there were at least 14 major windstorms, 6 earthquakes, and 12 major floods.

over 800,000 were displaced, and over 14.3% of the country's population was directly impacted based on the estimate of 7.35 million people affected by Nargis. The following table from the OCHA Flash Appeal documents the impact by geographical division.

*Figure 12. Cyclone Nargis: Impact by Geographical Divisions*

Divisions declared disaster areas by Govt.	Estimated population by Divison	Estimated population (2005) living within flooded areas by Division*	Estimated total flood water (km <sup>2</sup> ) by division*	Area km <sup>2</sup>	% of flood water area
Ayeyarwady	7,184,000	851,000	5,174	35,138	15%
Yangon	6,056,000	569,000	2,773	10,170	27%
<b>Sub-totals</b>	<b>13,240,000</b>	<b>1,420,000</b>	<b>7,947</b>	<b>45,308</b>	<b>18%</b>
<b>Division/State also affected</b>					
Mon	2,672,000	219,000	992	12,155	8%
Bago	5,327,000	93,000	846	39,404	2%
Kayin	1,575,000	na	na	30,383	na
<b>Sub-totals</b>	<b>9,574,000</b>	<b>312,000</b>	<b>1,838</b>	<b>81,942</b>	<b>2%</b>

\* UNOSAT maps, 6/5/08 Estimated total population living within flood-affected areas, Estimated total flood water area by affected township.

As evidenced by data from the UNOSAT maps, Nargis impacted the low-lying region of the Ayeyarwady and Yangon Divisions most severely. The devastation destroyed fertile fields, shelter, and water and sanitation systems as well as power and communication lines. Torn trees, debris, and flooding blocked vital roads, and the storm surge destroyed significant stocks of dry-season crop in the Delta region, which “accounts for about 25 percent of the annual production in the affected area” (TCG). The cyclone disrupted not only the livelihoods of the agrarian families, which account for 50 to 60 percent of the population in the Delta region, but also raised crop prices throughout the country and placed vulnerable groups at a greater risk of exploitation and violence. Vulnerable persons include women, children, elderly, the landless, and the chronically

sick or disabled (TCG). The following table provides estimates of the agricultural losses throughout Myanmar.

*Figure 13. Cyclone Nargis: Estimates of Damage and Losses in the Agriculture Sector*

*(in Kyats million)*

	Disaster Effects			Ownership by Sector	
	Damage	Losses	Total	Public	Private
Field Crops	65,336	159,929 to 283,000	225,265 to 348,336		225,265 to 348,336
Farm Equipment	24,046		24,046		24,046
Plantations	22,043	65,209	87,252		87,252
Livestock	45,190	30,775	75,965		75,965
Capture Fisheries	25,609	99,932	125,541		125,541
Fish Farms	4,120	29,394	33,514		33,514
<b>Total</b>	<b>186,344</b>	<b>385,239 to 508,310</b>	<b>571,583 to 694,654</b>	<b>0</b>	<b>571,583 to 694,654</b>

Source: PONJA team estimates.

In the aftermath of the disaster, the Government of the Union of Myanmar (GoUM), Tatmadaw armed forces, civil society, the business community, ASEAN, UN agencies, and NGOs carried out a massive recovery effort. Immediately following the arrival of Cyclone Nargis, the National Natural Disaster Preparedness Central Committee (NDPCC) convened the morning of May 3, 2008, and formed ten Emergency Disaster Response Subcommittees with respective implementation plans (TCG).<sup>14</sup> The ten subcommittees overseen by individual ministers covered News and Information, Emergency Communication, Search and Rescue, Assessment and Emergency Relief, Confirmation of Loss and Damage, Transportation and Route Clearance, Natural Disaster Reduction and Emergency Shelter Provision, Healthcare, Rehabilitation and Reconstruction, and Security. The GoUM, operating from the Yangon office, acted decisively and efficiently, earmarking USD 45.45 million for disaster relief and activating emergency relief and rehabilitation efforts. Its priorities included rebuilding

<sup>14</sup> The NDPCC, chaired by the Prime Minister General Thein Sein, was established by the GoUM after the 2004 Asian Tsunami experience.

houses and public infrastructure, resettling homeless persons, restoring electricity and communication, rehabilitating drinking water sources and rice mills, and resuscitating agricultural and urban industries (TCG). With the support of infantry servicemen from the Tatmadaw, Myanmar's armed forces, "reinstallation of electricity and water, and renovation of hospitals were completed within 4 days in Yangon Division which restored 33 townships back to normalcy," and "the Yangon Division Peace and Development Council was able to restore food and drinking water supplies within 7 days" (TCG). The Myanmar Navy and Air Force were also activated. Military truck fleets delivered essential supplies ranging from relief goods to water buffalos, and doctors and nurses from the Defense Services Medical Corps administered emergency care services. 380,529 persons benefited from 419 relief camps set up by the GoUM across 29 townships in the Yangon and Ayeyarwady Divisions (TCG). The NDPCC then created a four-phase plan to redevelop destroyed townships and to establish preparedness mechanisms for future natural disasters. The Tatmadaw assisted the GoUM in mitigating public panic and maintaining peace by providing security.

The Burmese people and business community assisted fellow compatriots. The former generously shared cash, food, and household supplies that were not swept away by Nargis, while the latter provided assistance in their particular areas of competence. For example, engineering and construction firms contributed their manpower, equipment, and expertise and worked closely with government authority and township leaders to rebuild the physical infrastructure. Both secular and non-secular organizations disbursed sizable quantities of cash and relief materials. Also, Burmese living outside the country organized collections and returned to Myanmar to assist with the relief effort. "The

recorded contributions in cash and kind from Myanmar nationals reached a total of...about USD 11.86 million” by June 24, 2008 (TCG). The generous and voluntary assistance on the part of civilians, local organizations, and the business community helped alleviate starvation and disease and ensure the timely delivery of aid.

On a regional and international level, the Association of Southeast Asian Nations (ASEAN) played a large role in the humanitarian response. The following table documents the assistance provided by ASEAN member states as of July 11, 2008.

*Figure 14. ASEAN Member States' Assistance to Cyclone Nargis (as of 11 July 2008)*

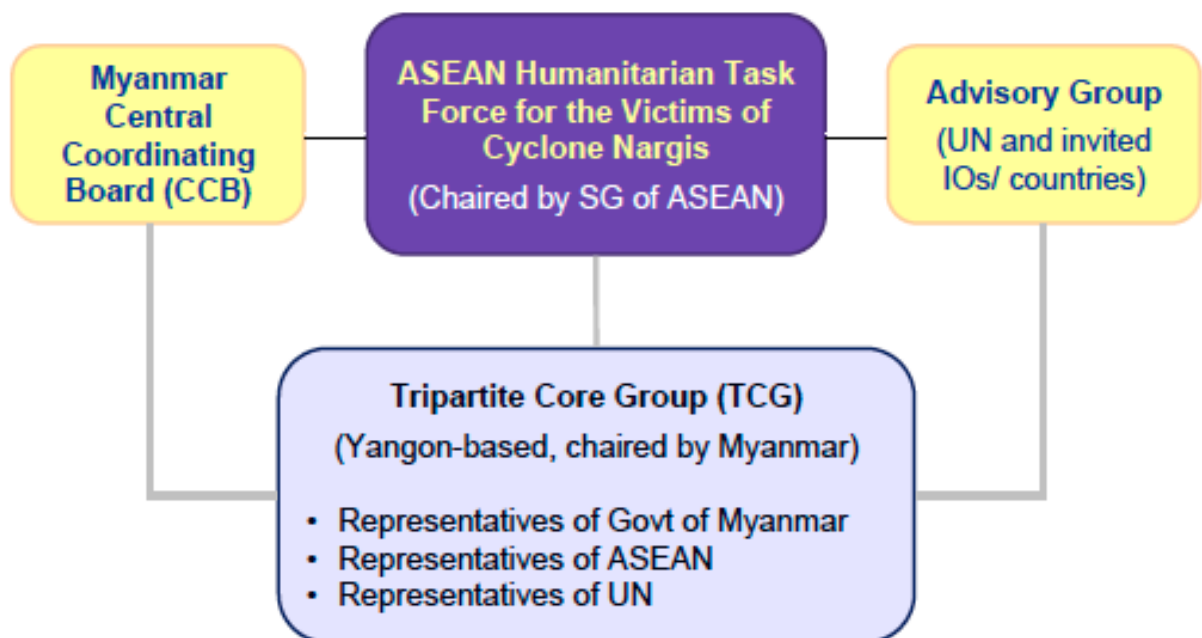
<b>Country</b>	<b>Financial Aids</b>	<b>Relief and Other Aids</b>	<b>Relief Teams</b>	<b>Rapid Assessment</b>	<b>B / R</b>
Brunei Darussalam	USD 1,100,000	Water, foods, emg shelter, medicines	12 pax medical team, SAR, logistics teams on standby	1 pax for ERAT	B & R
Cambodia	USD 300,000				B
Indonesia	USD1,000,000	25 MT relief aids in 2 planes	29-pax medical team	3 pax for ERAT	B & R
Lao PDR	USD 120,000	2.5 MT food aid 1.3 MT clothing, drinking water	23-pax medical team		B
Malaysia	USD1,000,000	13 MT relief goods in two planes worth MYR 500,000	25-pax medical team	2 pax for ERAT	B & R
Philippines	USD 359,000	13 MT drinking water, and relief aids	30-pax medical team	1 UNDAC 4 pax for ERAT	B & R
Singapore	USD 3,293,470 relief package as of 23 May 08 USD 5 million pledge	SAR equipment, infocomms technology, base camp supplies, medicals and vehicles Airport ground handling equipment	23-pax Medical "Team Singapore"	2 UNDAC 2 pax for ERAT	B & R
Thailand	USD800,000	USD 15.26M worth of food and non-food relief items and equipments in 26 flights. Pledge includes staging area at Don Muang Cargo, and post-immediate relief	2 medical teams 30 pax and 32 pax	4 pax	B & R
Viet Nam	USD 200,000 (through the UN) Viet Nam Red Cross: USD170,000		Medical team 15 pax		B

**Note B:** through bilateral mechanism; **B & R:** through bilateral supported by regional mechanism

ASEAN also partnered with various UN agencies to coordinate the international

response. One week into the disaster from May 9-18, 2008, ASEAN deployed its Emergency Rapid Assessment Team (ERAT), through which foreign ministers established ASEAN's role in Myanmar: "to facilitate effective distribution and utilization of assistance for the international community, including expeditious and effective deployment of relief workers, especially health and medical personnel" (TCG). In other words, ASEAN served as a critical pivot that created an environment in which a GoUM-ASEAN-UN partnership could materialize in the form of the nine-member Tripartite Core Group (TCG) and enabled international aid to reach the affected population. The following figure illustrates the ASEAN-led coordination mechanism.

*Figure 15. Tripartite Core Group*



In addition to setting up the TCG, ASEAN foreign ministers created the ASEAN Humanitarian Task Force for the Victims of the Cyclone Nargis (AHTF), overseen by ASEAN Secretary-General Dr. Surin Pitsuwan. On May 25, 2008, the ASEAN-United Nations International Pledging Conference in Yangon formalized the collaboration

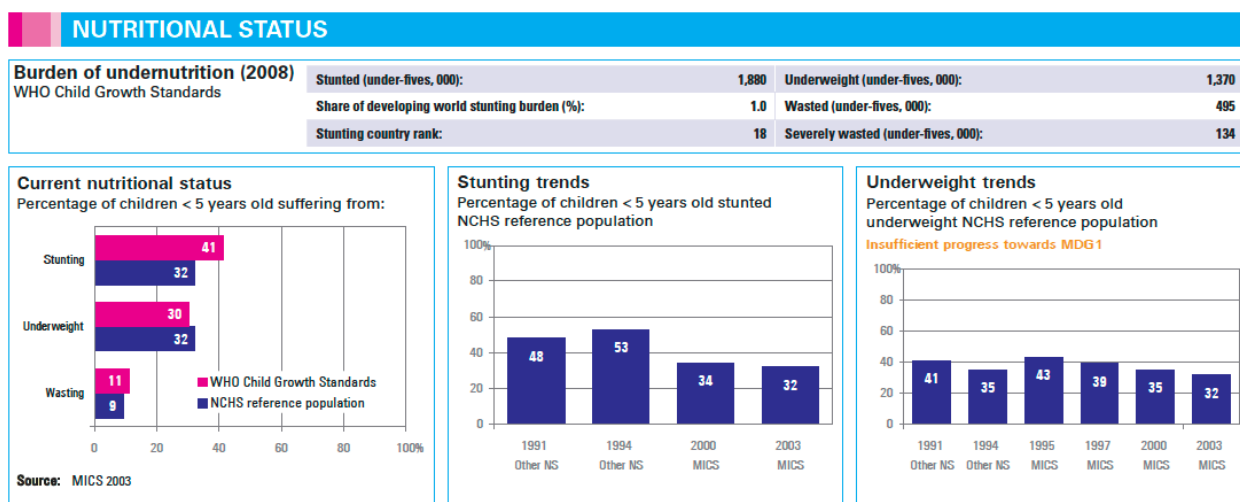


among the GoUM, 51 countries, 24 UN agencies, the World Bank, Asian Development Bank, and NGOs “with unanimous agreement on the need to urgently scale up relief efforts,” which ultimately resulted in the Post-Nargis Joint Assessment (TCG).

### *Nutrition Cluster*

Prior to Cyclone Nargis, the Burmese population experienced nutrition and food security issues not because of deficient food production, but due to severe weather conditions and adverse government-controlled economic policies that exported food needed by the Burmese. As a result, malnutrition posed a significant public health problem, particularly in micronutrient deficiencies of vitamin A, iodine, and iron. UNICEF reported that in 2008, Myanmar had 1,880,000 stunted children under the age of five and ranked 18<sup>th</sup> out of 136 countries in stunting. The following table shows a pre-disaster nutritional overview of Myanmar.

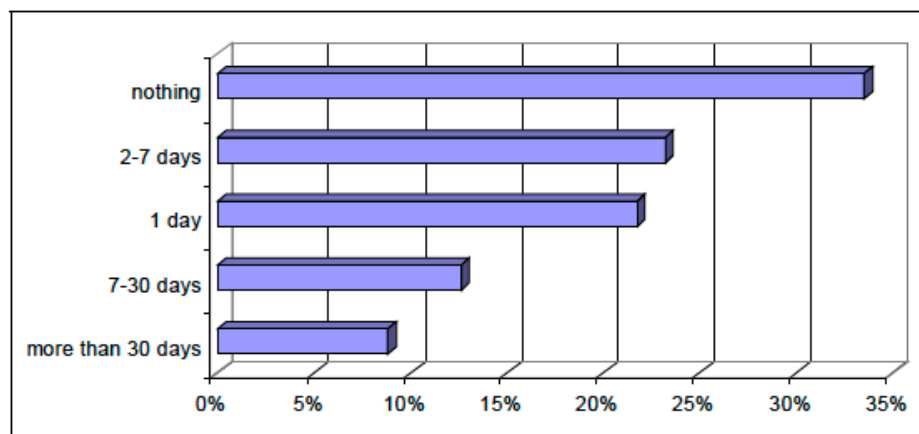
*Figure 16. Myanmar: Pre-Nargis Nutritional Status*



Nargis aggravated nutrition security in Myanmar, as evidenced in the Village Tract Assessment (VTA) survey the TCG carried out immediately following the cyclone

to identify immediate relief and early recovery priorities across the affected areas. A majority of households in the Delta region struggled to meet their basic daily food needs. VTA results report, “42 percent of households lost all their food stocks during the cyclone, with another 33 percent losing most or some of their stocks” (TCG). The following chart details the availability of food stock in the Delta reported on the day of the survey.

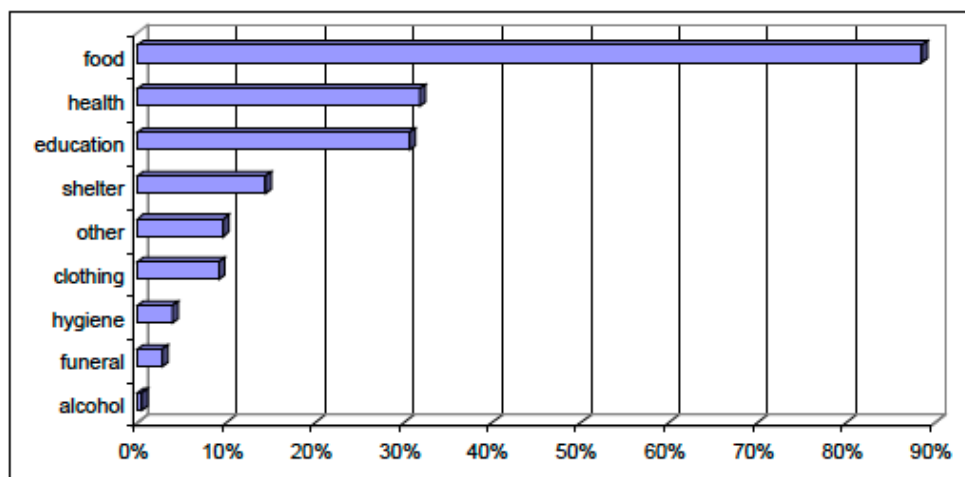
*Figure 17. Availability of Food Stock as Reported by Households in the Delta*



Source: Village Tract Assessment (2008).

Also, VTA results show that out of the basic necessities, surveyed households prioritized food most highly. According to the following graph, 89% of surveyed households placed food as a top priority, 32% selected health, followed by education, shelter, clothing, and hygiene.

Figure 18. Priority Expenditures as Ranked by Households in the Delta



1/ Multiple answers.  
Source: VTA survey.

On the international front, the Nutrition Cluster formed before Cyclone Nargis even struck Myanmar. From the drafting of the cluster contingency plan in April 2008 to mid-June 2009 after Cyclone Nargis, the Nutrition Cluster remained fully operational. UNICEF served as the cluster lead, and three working groups chaired by different organizations existed within the cluster. These include Nutrition Surveillance, Infant Feeding in Emergency (IFE), and Community-based Management of Acute Malnutrition (CMAM), which were chaired respectively by UNICEF, Save the Children, and ACF. Notably, the National Nutrition Centre of the Ministry of Health, a GoUM entity, co-led the robust Nutrition Cluster, and “Technical Medical Officers (TMO) acted as field coordinators supported by UNICEF field nutrition staff” (GPPI-URD). The IASC response summary lists the work of the Nutrition Cluster as one of the achievements in the aftermath of Cyclone Nargis. Nutrition support sustained 31,600 malnourished children, and “1,100,000 people [received] food aid” (GPPI-URD). Based on the UN Country Team’s (UNCT) plans of assisting a “minimum of 1,500,000 persons for at least















three months,” the Nutrition Cluster achieved 73% of its initial goal in reaching out to 1,100,000 persons (OCHA Myanmar Flash).

The table below summarizes the Nutrition Cluster’s strengths in the areas of accountability, leadership, and partnership, particularly with the GoUM, and its relative weakness in maintaining accountability to the affected population.

*Figure 19. Myanmar Nutrition Cluster Approach Evaluation*

## Nutrition cluster

### Indicator scales

Nº	Indicator	Scale
1	Extent of additional geographic coverage	N/A
2	Extent of additional thematic coverage	N/A
3	Attention to differentiated needs	
4	Involvement of appropriate national actors	
5	Hand over and exit strategies	
6	Interaction of cluster with HC system	
7	Interaction of cluster with financial pillar	
8	Implementation of leadership responsibilities	
9	Implementation of provider of last resort	NOT ENOUGH DATA
10	Relationships among cluster (non-)members	
11	Relationships between clusters	
12	Quality of information sharing	
13	Cohesiveness of policies and activities	
14	Compliance with relevant standards	
15	Participation of affected population	NOT ENOUGH DATA
16	Accountability to HC & among members	
17	Meeting needs of humanitarian actors	
18	Quality and level of global cluster support	

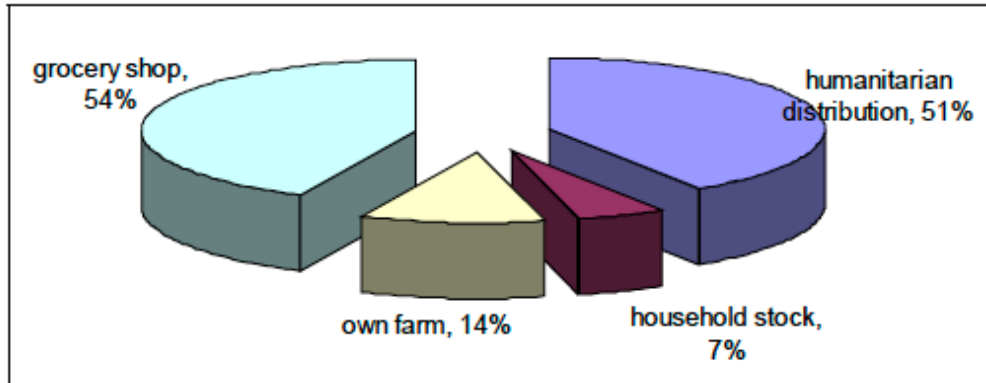
First, strong leadership and accountability were evident in the presence of training and technical advice groups, additionally deployed surge personnel, GenCap and ProCap advisors, and global cluster coordinators conducting on-site visits. Their vigorous leadership provided critical human resource expertise and coordination. In particular, the active and dedicated global cluster coordinators “led to technical exchanges over the latest treatment techniques for acute and moderate malnutrition” as a result of their clear designation and the establishment of the Terms of Reference (GPPI-URD). One should note, however, that although the Terms of Reference for country-level cluster leads endorses participatory and community-based approaches, “there has been little focus on monitoring and improving downward accountability mechanisms within the framework of the humanitarian reforms,” according to the *Review of the engagement of NGOs with the humanitarian reform process*.

Second, a robust partnership between the Nutrition Cluster and the GoUM promoted accountability between cluster members. The GoUM co-chaired at the national level and at the township level. In response to the aggravated malnutrition situation, the GoUM, acting through the Ministry of Health and the National Nutrition Center, collaborated on multiple fronts with a broad range of agencies from UN agencies to international and local NGOs. With the GoUM playing an active role in facilitation, communication networks were opened, allowing for information exchange, which helped develop strong informal accountability among the many humanitarian organizations. Working in collaboration with the GoUM at national-level cluster meetings and special meetings, the Nutrition Cluster helped develop national policy—guidelines for the treatment of moderate acute malnutrition—and achieved government authorization.

Cluster work plans emerged from productive meetings in which cluster members agreed upon action points and “assigned responsibilities for activities to specific organizations” (GPPI-URD). Due to the overall cohesiveness within the Nutrition Cluster, cluster members commonly expressed in the Nutrition Cluster overview and proposed transition strategy, “Nutrition Cluster has achieved mutual accountability between UN, non-UN and government as well in the areas of response where agencies have made commitments” (GPPI-URD).

Third, the Nutrition Cluster’s success can be seen in the reduction of outstanding gaps, but engagement of the local population remained inadequate. According to the World Food Programme, “17,000 megatons of food commodities had been delivered to 730,000 beneficiaries in the Delta,” and “an additional 50,000 beneficiaries received cash transfer for food commodities in Yangon local markets.” UNICEF distributed “more than 200 tons of ready-to-use therapeutic food (RTF)” to partners in the field (TCG). Together, UNICEF and the Ministry of Health established 4 hospital therapeutic feeding units and trained workers in targeted feeding for children. The VTA further illustrates the significance of humanitarian aid; 51% of the households report receiving food from humanitarian agencies, while 54% sourced food from local markets. Many households were dependent upon multiple food sources because Cyclone Nargis compounded pre-existing food access issues. The following pie chart provides a graphical representation of the various food sources.

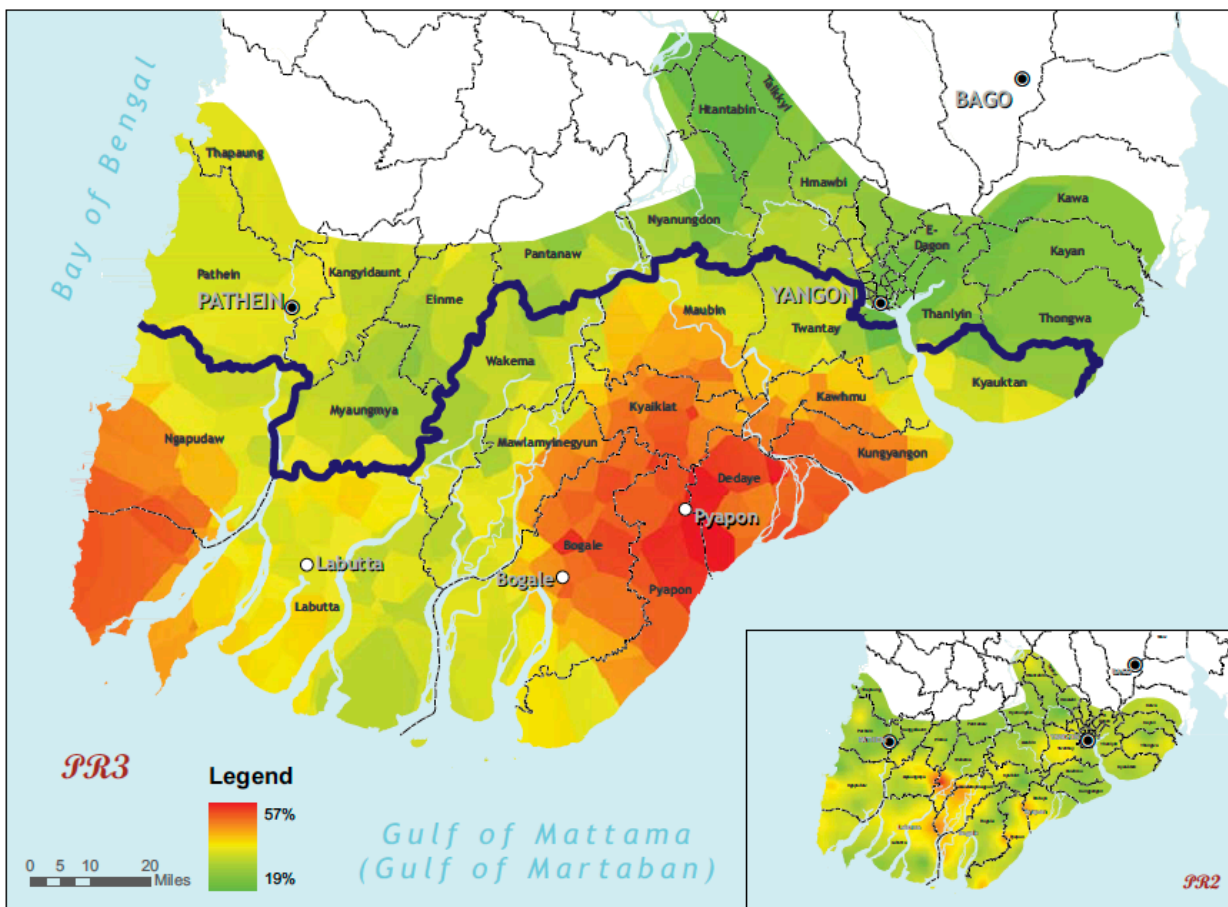
Figure 20. Sources of Food as Reported by Households in the Delta



1/ Multiple answers.  
Source: VTA survey.

Periodic Review III, sponsored by TCG, provided insight eighteen months into the disaster from October 21 to November 17, 2009. The first of the two following maps shows the ongoing moderate to severe food insecurity in 2009, and the second map shows the level of acute malnutrition across Myanmar during that time.

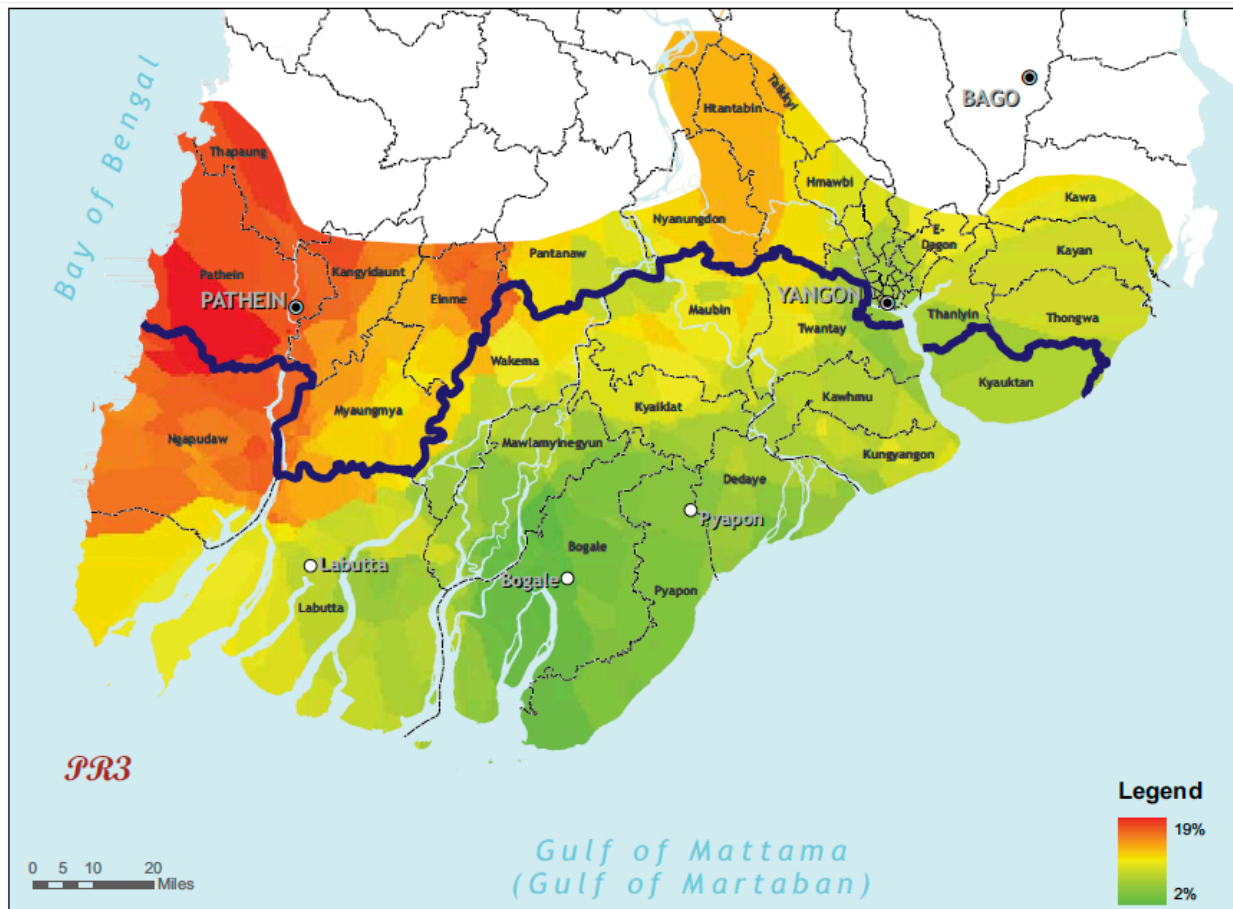
Figure 21. Myanmar Food Security Situation in 2009



Area	Percentage	Number of households	
Less affected	27	525	The blue line in the map above, delineates the less affected and most affected areas. The townships south of the line are considered most affected as they were in, or adjacent to, the Cyclone path.
Most affected	42	875	
Overall percentage	36	1,400	



Figure 22. Myanmar Levels of Acute Malnutrition in 2009



Area	Percentage	Number of households	
Less affected	14	525	The blue line in the map above, delineates the less affected and most affected areas. The townships south of the line are considered most affected as they were in, or adjacent to, the Cyclone path.
Most affected	8	875	
Overall percentage	10	1,400	

Although the Nutrition Cluster reduced outstanding gaps, information-sharing and engagement of affected populations required greater attention. From the Social Impacts Monitorings carried out in November 2008, the following conclusions were drawn: “communities often did not know who was giving them assistance,” “communities did not know how or to whom to complain and the consequences of complaining,” and information was disseminated “almost exclusively in English” at the Yangon level,

inhibiting local participation. The Inter-Agency Real Time Evaluation (IA-RTE) elaborates that the cluster would forward complaints from the community to concerned agencies instead of following up on the complaints. Indeed, the Nutrition Cluster found “accountability to beneficiaries [to be] the weakest area, which needs greater attention through clusters” (GPPI-URD). To address the accountability gap, the RTE report recommends outreach activities to garner feedback from local stakeholders and to verify Who, What, Where (3W) information by cluster and by area.<sup>15</sup>

Outstanding gaps remained after the Nutrition Cluster closed in June 2009. Although 45% of the surveyed households—mainly in the southern regions along Nargis’s path—received food assistance, food insecurity remained a concern around the loci of Pyapon and Bogale. Also, the concentration of assistance in the more affected areas created a nutritional imbalance, with children’s nourishment weakest outside the most affected areas, as evidenced by the higher rate of malnutrition in the Patheingyi division in the map above. While the community continued to slowly wean off of food aid, the focus had shifted from food and nutrition to livelihood recovery.

The table below summarizes the performance of Myanmar’s Nutrition Cluster across the three dimensions.

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<sup>15</sup> The Myanmar Information Management Unit (MIMU) employed the 3W coordination tool and created a database to share which organizations were carrying out which activities in which locations.

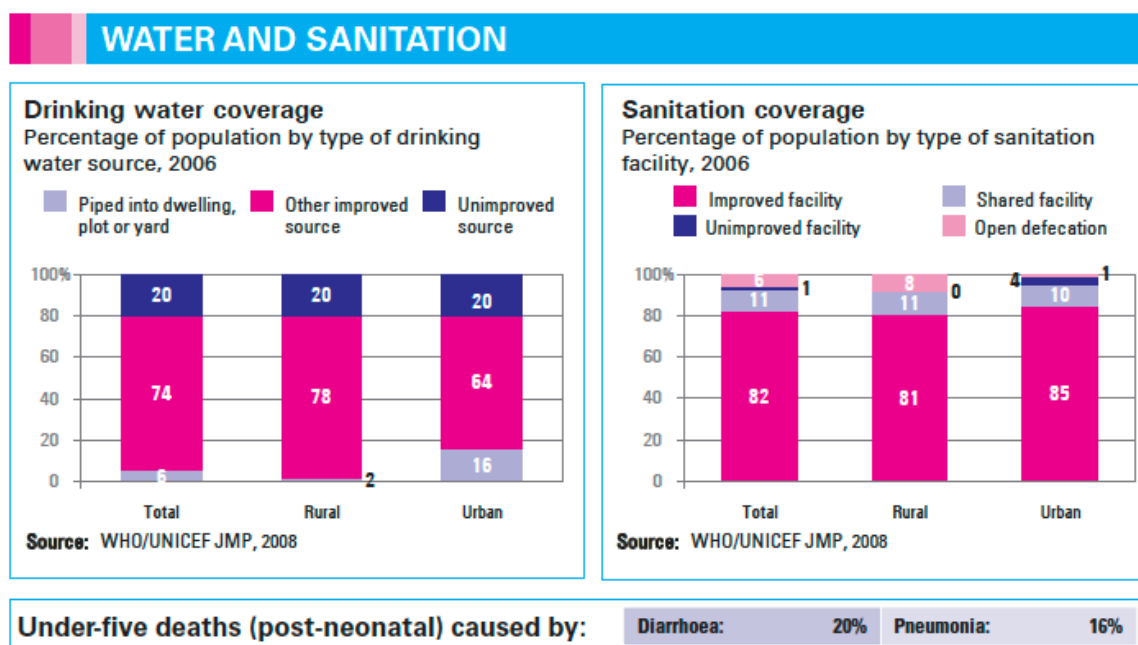
Figure 23. Myanmar Nutrition Cluster Evaluation

Myanmar Nutrition Cluster Overall Performance: Effective		
Leadership and Accountability	Partnership	Impact on Population
<p><u>Effective</u></p> <ul style="list-style-type: none"> <li>• Training and technical advice groups available</li> <li>• Active global cluster coordinators</li> <li>• Informal accountability</li> <li>• ToR established</li> <li>• Downward accountability needs greater attention</li> </ul>	<p><u>Effective</u></p> <ul style="list-style-type: none"> <li>• Co-facilitation by GoUM and cluster</li> <li>• Cluster collaborated in developing national policy</li> <li>• Open communication</li> <li>• Information-sharing needs greater attention</li> </ul>	<p><u>Adequate</u></p> <ul style="list-style-type: none"> <li>• Beneficiaries excluded in response planning</li> <li>• Beneficiaries uninformed</li> <li>• Food commodities delivered and feeding units built</li> <li>• Program for cash transfer for food commodities</li> </ul>

#### *WASH Cluster*

Cyclone Nargis also aggravated water and sanitation and health issues in Myanmar. Before Cyclone Nargis struck, rural communities amassed their water supply by harvesting rainwater in tanks, communal rainwater ponds and wells. The following graphs prepared by UNICEF show greater use of improved drinking water sources in rural Myanmar than in urban areas, but a slightly greater percentage of urban residents using improved sanitation facilities than rural residents.

Figure 24. Myanmar: Pre-Nargis Water and Sanitation



The cyclone and ensuing flooding “damaged close to 13% of ponds in Yangon and up to 43% of ponds in Ayeyarwady Division” (TCG). The following table illustrates the varying availability of the water sources before and after the cyclone salinized potable water sources.

Figure 25. Sources of Water Before and After Cyclone in Yangon and Ayeyarwady

## Divisions

Water source	Yangon Division		Ayeyarwady Division	
	Before	After	Before	After
Hand pump	23%	21%	2%	2%
Tube well	14%	15%	4%	4%
Pond	48%	40%	42%	24%
Rain water tank	25%	30%	16%	30%
Water truck	6%	5%	1%	2%
River	2%	2%	21%	19%
Open dug well	8%	8%	21%	19%
Other	6%	0%	8%	0%

Source: VTA household survey

In terms of damages and losses in the water supply sector, the following table shows a total of 8,516,000,000 Kyats in damage and loss in the water supply sector.

*Figure 26. Damage and Loss Estimates in the Water Supply Sector (Kyats million)*

	<b>Total</b>
<b>Damage</b>	<b>8,136</b>
<b>Losses</b>	<b>380</b>
<b>Damage and Losses</b>	<b>8,516</b>

Source: PONJA Team Estimates





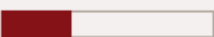











The flooding demolished most latrines that existed in a majority of communities in the Yangon and Ayeyarwady Divisions before Cyclone Nargis struck. As a result, “the proportion of households practicing unsanitary defecation—open defecation, floating latrines or trenches—almost doubled to 40%” (TCG). Furthermore, households relying on river water as a drinking water source faced serious health risks, particularly with the greater use of floating latrines. Despite the contamination of the water and living conditions in the camps, the World Health Organization reported no serious peak in diarrhea. The WASH Cluster responded by supplying 800,000 liters of water per day to 250,000 persons through 29 water treatment plants and rehabilitating 250 ponds (TCG).

Unlike the Nutrition Cluster, the WASH Cluster was activated directly after Cyclone Nargis hit and closed a year later in June 2009. Coordination took place at the national level and township levels by the cluster lead UNICEF. The figure below shows overall poor performance across the various indicator scales in the WASH Cluster.

Figure 27. Myanmar WASH Cluster Approach Evaluation

## WASH|cluster

## Indicator scales

Nº	Indicator	Scale
1	Extent of additional geographic coverage	N/A
2	Extent of additional thematic coverage	N/A
3	Attention to differentiated needs	
4	Involvement of appropriate national actors	
5	Hand over and exit strategies	
6	Interaction of cluster with HC system	
7	Interaction of cluster with financial pillar	
8	Implementation of leadership responsibilities	
9	Implementation of provider of last resort	
10	Relationships among cluster (non-)members	
11	Relationships between clusters	
12	Quality of information sharing	
13	Cohesiveness of policies and activities	
14	Compliance with relevant standards	
15	Participation of affected population	
16	Accountability to HC & among members	
17	Meeting needs of humanitarian actors	
18	Quality and level of global cluster support	

These findings reflect weaknesses across the three dimensions—in the predictability and accountability of leadership and ownership, in deficient cohesiveness in partnerships, and in gaps that emerged from government restrictions and the missing local voice.

First, the WASH Cluster demonstrated poor leadership and accountability.

Findings from the May 2009 review of the Global WASH Learning Project reflect this.

In the first finding, cluster members expressed concern with UNICEF's capacity to lead

the cluster and implement work plans. Humanitarian actors strongly questioned the role of UNICEF as lead agency for the WASH Cluster. Typically, UN agencies oversee the coordination, and implementing partners handle the operations. UNICEF's role as a direct project implementer raised concerns because cluster members doubted its capacity to manage both coordination and implementation. In the second finding, cluster members desired additional support from the global level, especially as tensions arose between cluster members and the cluster lead UNICEF regarding funding issues. The following figure shows that the percentage of funding exceeded the percentage of requirements by 7% for the lead agency UNICEF, which may be the root of the funding dissension.

*Figure 28. Distribution of Revised Flash Appeal Requirements and Funding per UN and Non-UN Agencies*

<b>All clusters</b>		
	<b>% of requirements</b>	<b>% of funding</b>
<b>UN agencies</b>	82%	80%
<b>Non-UN agencies</b>	18%	20%
<b>Example: Agriculture cluster</b>		
	<b>% of requirements</b>	<b>% of funding</b>
<b>FAO (lead agency for the cluster)</b>	70%	83%
<b>Other UN agencies (i.e. UNDP)</b>	12%	9%
<b>Non-UN agencies</b>	18%	8%
<b>Example: WASH cluster</b>		
	<b>% of requirements</b>	<b>% of funding</b>
<b>UNICEF (lead agency for the cluster)</b>	43%	50%
<b>Other UN agencies (i.e. UNDP, WHO)</b>	8%	1%
<b>Non-UN agencies</b>	49%	49%

Data source: UN OCHA Financial Tracking Service, status of December 24, 2008

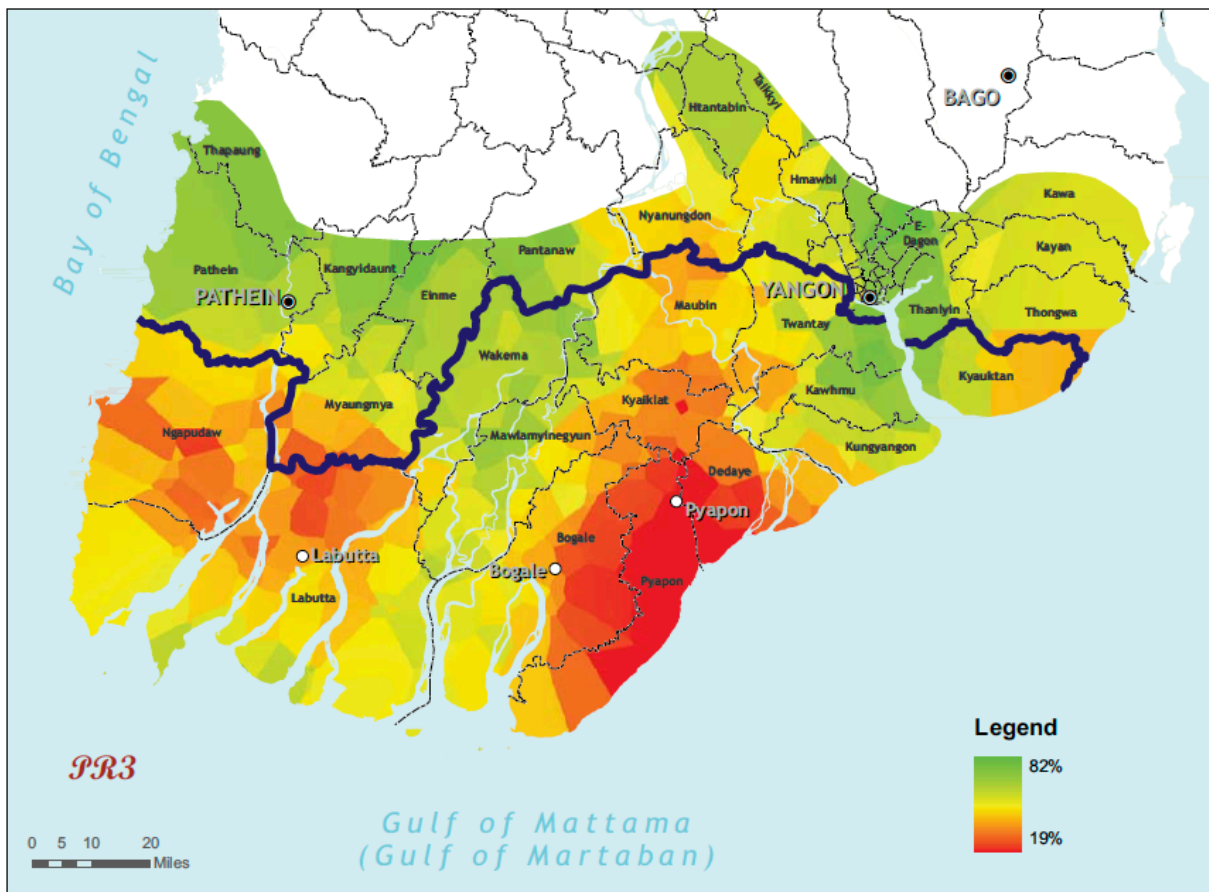
Second, the WASH Cluster did not embrace participatory and collaborative approaches. The Phase II country report for Myanmar elaborates further on this aspect of the WASH Cluster. Regarding cluster support, global clusters provided national clusters with beneficial guidelines, policies, and handbooks; however, these tools were poorly adapted to local needs at times due to the insufficient inclusion of local persons in cluster meetings. On one hand, prompt support from the cluster coordinator expedited recovery. For example, the WASH Global Cluster Rapid Response Team contributed an expert staffer to help support cluster members in managing water scarcity. On the other hand, the timeliness of the support provided by the global clusters received criticism. Cluster members received the WASH Cluster Coordination Handbook after the cluster had finished its work, and the expert staffer assigned to help manage the water scarcity crisis also arrived belatedly. Most alarmingly, knowledge from the global clusters did not funnel beyond the national level, and the local level suffered from the lack of communication. Furthermore, decision-making at the field level was hindered by the fact that “the actual number of decision-making (and technically knowledgeable) representatives who were present during these meetings [were] actually low” (WASH Cluster evaluator).

Third, the local population was not adequately engaged, and outstanding gaps remained. The Periodic Review III from October to November 2009 paints the post-cluster WASH situation. As shown by the following map, the red patches in Pyapon and in scattered patches in the most affected areas reveal an uneven distribution of improved sanitation facilities. Although a greater number of households had access to improved



sanitation facilities, 43% of the overall population still expressed sanitation facilities were their most pressing need.

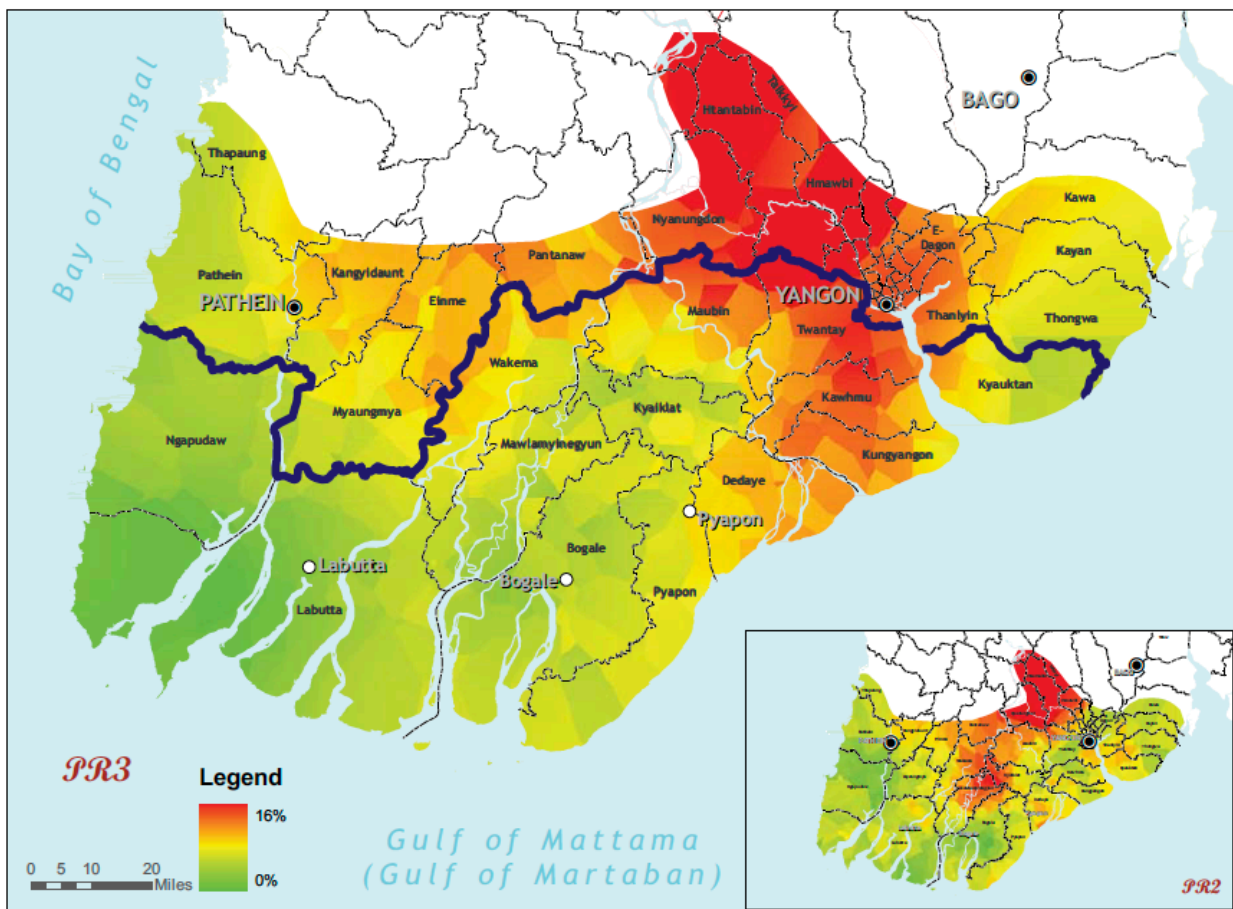
Figure 29. Myanmar Distribution of Improved Sanitation Facilities



Area	Percentage	Number of households	The blue line in the map above, delineates the less affected and most affected areas. The townships south of the line are considered most affected as they were in, or adjacent to, the Cyclone path.
Less affected	55	525	
Most affected	36	875	
Overall percentage	43	1,400	

Water, on the other hand, seemed to be less of a focus for the population. Only 7% of the overall population listed water as a priority, and most of these were concentrated in the areas to the northeast of the most affected areas.

Figure 30. Myanmar Water Supply



Area	Percentage	Number of households	The blue line in the map above, delineates the less affected and most affected areas. The townships south of the line are considered most affected as they were in, or adjacent to, the Cyclone path.
Less affected	9	525	
Most affected	5	875	
Overall percentage	7	1,400	

It is important to note the developing gap between the most affected and less affected regions. The following figures showcase latrines received, hygiene items received, and hygiene messaging received.

Figure 31. Myanmar Latrines Received

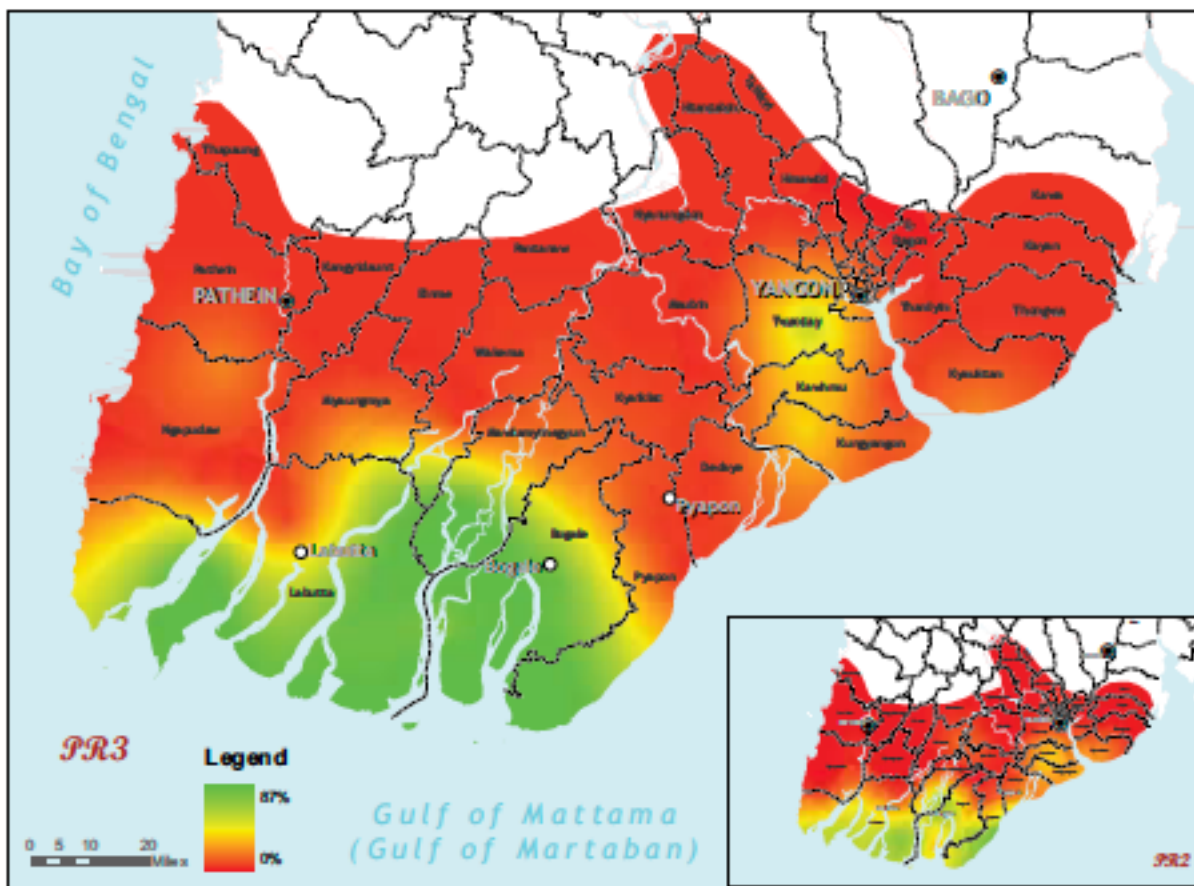
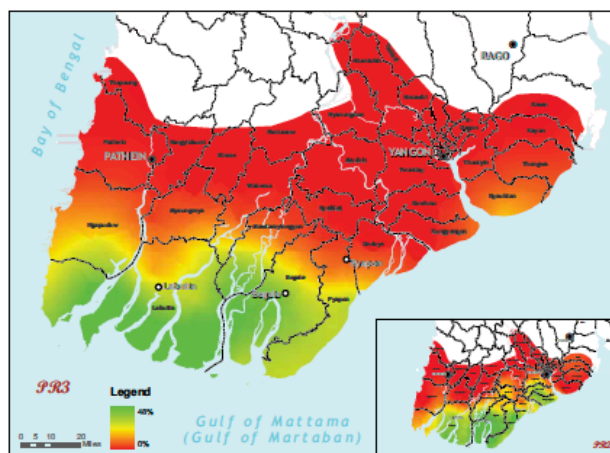
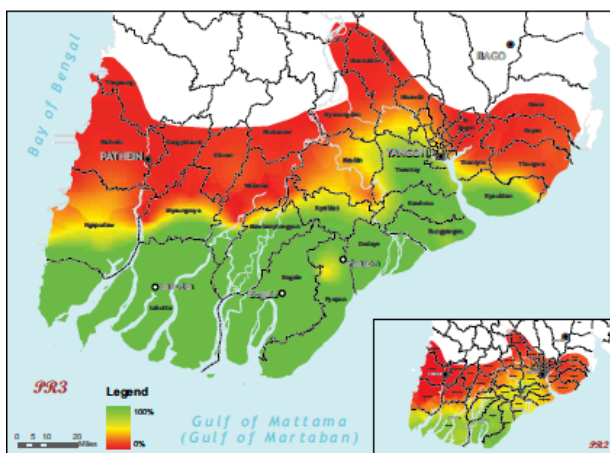


Figure 33. Myanmar Hygiene

Figure 32. Myanmar Hygiene Items Received

Messaging Received



The following table summarizes the Myanmar WASH Cluster performance across the three dimensions.

*Figure 34. Myanmar WASH Cluster Evaluation*

<b>Myanmar WASH Cluster Overall Performance: Ineffective</b>		
Leadership and Accountability	Partnership	Impact on Population
<p><u>Ineffective</u></p> <ul style="list-style-type: none"> <li>• Cluster members questioned capacity of cluster lead UNICEF</li> <li>• Absent decision-makers</li> <li>• Timeliness detrimental to operationalization of tools and guidelines</li> </ul>	<p><u>Ineffective</u></p> <ul style="list-style-type: none"> <li>• Knowledge funneled from global to national-level</li> <li>• Lack of communication to local level</li> <li>• Low attendance at cluster meetings</li> <li>• Handbooks and tools poorly adapted to local needs</li> </ul>	<p><u>Ineffective</u></p> <ul style="list-style-type: none"> <li>• Uneven distribution of sanitation facilities</li> <li>• Beneficiaries excluded in response planning</li> <li>• Beneficiaries uninformed</li> <li>• Aid concentration in most-affected disaster areas sidelined least-affected disaster areas</li> </ul>

#### *Assessment of Myanmar*

Cyclone Nargis left a fatal path of destruction in Myanmar and produced an estimated total of USD 4,057 million in damages to physical assets and economic decline. The magnitude of the disaster is delineated by the fact that “the value of damage and losses is equivalent to 21 percent of the country’s gross domestic product” of the 2007 fiscal year (TCG). The following table provides an overall summary of the damage and losses incurred in monetary terms.

Figure 35. Cyclone Nargis: Overall Summary of Damage and Losses

Sector	Sub sector	Damage	Losses	Total	
				Kyats billion	USD million
<b>Infrastructure</b>		<b>831.5</b>	<b>89.3</b>	<b>920.8</b>	<b>837.1</b>
	Housing	686	25.9	711.9	647.2
	Transport and Communications	122	62.7	184.7	167.9
	Water Supply	8.1	0.4	8.5	7.7
	Electricity	15.4	0.3	15.7	14.3
<b>Social Sectors</b>		<b>128</b>	<b>7.2</b>	<b>135.2</b>	<b>122.9</b>
	Education	115.3	1	116.3	105.7
	Health	12.7	6.2	18.9	17.2
<b>Productive Sectors</b>		<b>736</b>	<b>2,352 to 2,475</b>	<b>3,088 to 3,211</b>	<b>2,806 to 2,918</b>
	Agriculture, Livestock, Fisheries	186.3	385 to 508	571 to 694	519 to 630
	Industry	512.5	1,483.50	1,996.00	1,814.5
	Commerce	37.2	483.4	520.6	473.3
<b>Cross-Cutting Issues</b>		<b>234.2</b>	<b>46.1</b>	<b>280.3</b>	<b>254.8</b>
	Environment 1/	16.8	46.1	62.9	57.2
	Public Buildings 2/	217.4	0	217.4	197.6
<b>Total</b>	In Kyats billion	<b>1,930</b>	<b>2,495 to 2,618</b>	<b>4,424 to 4,547</b>	
	In USD million	<b>1,754</b>	<b>2,268 to 2,380</b>		<b>4,022 to 4,134</b>

1/ Includes damage to embankments (estimated at K 2.8 billion).

2/ Includes damage to administrative buildings as well as religious buildings.

Source: Estimates by PONJA Team (using secondary data as of June 27, 2008)

In preparation for the phasing out of the emergency cluster system in June 2009, the Post-Nargis Recovery and Preparedness Plan (PONREPP) was launched in February 2009. The three-year recovery plan incorporated the effective cluster coordination mechanism by consolidating the cluster areas into three Delta Working Groups: Basic Services (health, water, sanitation and hygiene, education, nutrition), Livelihood (livelihood, food security), and Social and Physical Protection (protection of vulnerable groups, environment, shelter and disaster risk reduction) (TCG).

## **CHAPTER VI: COMPARATIVE ANALYSIS**

Important insight into humanitarian coordination and response may be gleaned from comparing Haiti and Myanmar. After a pre-disaster country analysis and study of the early response at the onset of the disasters, this section examines the following four comparisons of the cluster approach as employed in the Nutrition and WASH Clusters in the two countries.

- Haiti WASH Cluster and Myanmar WASH Cluster
- Haiti Nutrition Cluster and Myanmar Nutrition Cluster
- Haiti WASH Cluster and Haiti Nutrition Cluster
- Myanmar WASH Cluster and Myanmar Nutrition Cluster.

### **PRE-DISASTER AND EARLY RESPONSE COUNTRY COMPARISON**

To better understand the rollout of the clusters, one must first study Haiti's and Myanmar's situation before the disaster took place and the situation at the onset of the disaster to identify the constraints and opportunities that enabled the various actors to evolve into their eventual roles.

One must examine Haiti's and Myanmar's respective political and economic environment during the onset of the crises for a better understanding of the situational constraints that can potentially impede aid efforts. Haiti, the poorest nation in the Western Hemisphere with 80% of the population living below the poverty line, struggles with insufficient investment, infrastructure, and security (IRIN). Haiti overcame Spanish and French colonial oppression and entered a precarious semi-presidential republic in

1987, whereas Myanmar struggled with poverty, corruption, and ethnic conflict flamed by pervasive government controls under the authoritarian military junta. Despite its wealth of natural resources, Myanmar's economy is severely stunted by military-run enterprises monopolizing key industries and a black-market-driven economy (IRIN). Clearly, the social and economic challenges in Haiti and in Myanmar limited the capacity for state leadership and citizens to develop and implement disaster preparedness initiatives. Periodic man-made disasters and smaller-scale natural disasters in both countries may have equipped the government with certain tools and mechanisms and the people with the mentality to persevere; however, no experience could have prepared either country for disasters on the order of a 7.0 earthquake or a category 3 cyclone.

Both countries depended on international aid, but while the GoH welcomed the UN, foreign military units, and NGOs, the GoUM strongly resisted foreign assistance at the onset of the disaster. The GoH's receptiveness to international aid and expedited activation of the cluster system reflect several key acknowledgements. First, the GoH established disaster response as the nation's priority. Second, the government recognized its inability to lead and coordinate the response. Third, the GoH acknowledged the capability of the NGOs present in the country. Finally, in reactivating the cluster system, the GoH demonstrated its confidence in the previous clusters rolled out in response to the tropical storms and hurricanes of 2008. The GPPI-URD cluster evaluation of the 2008 tropical storms and hurricanes remarks that the cluster approach improved coordination, partnership, information-sharing, and leadership predictability.

On the other hand, the GoUM sought international aid selectively. The isolationist military regime refused to grant Western agencies access into Myanmar even

as the delay in relief efforts resulted in more and more casualties. At the onset of the disaster, the military junta seized UN food aid, denied humanitarian workers visas, and deported Westerners from checkpoints throughout the Delta region. Specifically, the GoUM refused to admit French and American naval vessels and military planes carrying relief supplies based on the argument that these were war machines being used for gunboat diplomacy. The Burmese government's initial response is reflective of the common misconceptions that international NGOs are agents of other governments and that foreign governments plot to usurp control over the country via aid. Initially, the GoUM may have believed in its own capacity to rescue its citizens from the crisis because of its Tatmadaw military and operational ministries and its National Natural Disaster Preparedness Central Committee. Also, political motivations influenced the GoUM, especially with the impending constitutional referendum on May 10, 2008. The military junta was heavily criticized for prioritizing its political agenda over the needs of the population. On one hand, the ruling party sought to manage the crisis and garner public favor for the upcoming referendum. On the other hand, the GoUM wished to prevent the international community from witnessing the devastation, criticizing the response, and potentially taking action against the ruling party. Nevertheless, a limited number of visas were distributed eventually, and a fraction of the available international aid supplies were admitted into the country. The British Prime Minister remarked, "This is inhuman. We have an intolerable situation created by a natural disaster. It is being made into a man-made catastrophe by...the neglect and the inhuman treatment of the Burmese people by a regime that is failing to act and to allow the international community to do what it wants to do" (Brown). Other countries maintained, however,



that state sovereignty must not be violated. In part due to the outcries for the UN to invoke the “responsibility to protect” doctrine and to act even without the junta’s consent, the resistance was relatively short-lived. Authorities made gradual concessions as they saw the rising death toll and witnessed the deteriorating situation. When ASEAN stepped in as the mediator between the GoUM and the international community, the Burmese benefited from the increased aid.

The respective governments’ attitude and disposition toward foreign aid greatly influenced leadership and partnerships and created different coordination challenges within the cluster approach. In Haiti, the open invitation for aid led to the massive influx of NGOs, which created an abundance of parallel and sometimes dysfunctional coordination mechanisms. Severely weakened by the earthquake, the GoH could not regulate the multitude of actors and aid initiatives. In contrast, the GoUM rejected outside help out of mistrust. By politicizing aid, the military junta also raised anxiety among aid workers and charities, who were concerned that their aid, if distributed without supervision, may be coopted for political purposes and handed out at political rallies in exchange for votes during the constitutional referendum. Ultimately, the mutual distrust between restrictive governments and the aid community further victimizes the disaster-affected population. Fortuitously in Myanmar’s case, the GoUM cautiously opened its borders with ASEAN acting as a buffer.

Despite the contextual similarity in Haiti and Myanmar—both impoverished countries responded to unprecedentedly massive natural disasters using the cluster approach—the immediate assistance, coordination, rollout, progress, and effectiveness differed not only between the two countries, but also among clusters within the countries.

### **HAITI WASH AND MYANMAR WASH COMPARED**

Overall, the Haiti WASH Cluster had a stronger performance than the Myanmar WASH Cluster. In the area of leadership and accountability, UNICEF and GoH served as active cluster co-leads in Haiti, and the GoUM acted as a withdrawn facilitator to the weak UNICEF cluster lead in Myanmar. On one hand, the GoH had DINEPA in place, which brought into play existing water and sanitation national guidelines and facilitated the development of Minimum Standards for Sanitation Operational Principles and Practices. The co-leadership also contributed to a smooth transition for post-cluster coordination and response, as the GoH could easily maintain and sustain the relief efforts. On the other hand, the largely absent GoUM did not have a water and sanitation-focused department that actively engaged with the cluster. The absence of the GoUM coupled with a weak UNICEF cluster lead greatly undermined the effectiveness of the Myanmar WASH Cluster. In the area of partnership, Haiti WASH Cluster co-leads actively sought partners and attempted to activate NGOs, while the Myanmar WASH Cluster struggled to maintain attendance levels at cluster meetings and to manage communication. Finally in the area of impact on the population, the Haiti WASH Cluster outshined the Myanmar WASH Cluster in informing and engaging local populations as well as in meeting their needs. Clearly, the strong co-leadership in the Haiti WASH Cluster galvanized the coordination and relief efforts, allowing for an effective response. A stronger cluster lead in the Myanmar WASH Cluster may have improved communication, aid supply, and the timeliness of the operationalization of guidance, but the sustainability of the response ultimately falls upon the GoUM.

### **HAITI NUTRITION AND MYANMAR NUTRITION COMPARED**

In contrast to the Haiti WASH Cluster and Myanmar WASH Cluster comparison, the Myanmar Nutrition Cluster proved to be more effective than the Haiti Nutrition Cluster. In Myanmar, active global cluster coordinators and global support facilitated Nutrition Cluster operations, whereas in Haiti, cluster members questioned the capacity of the UNICEF cluster lead, and UNICEF faced staff shortages. On one hand, the GoUM co-facilitated the cluster in Myanmar, and its participation opened communication networks. On the other hand, the involvement of the authoritarian government raised concerns on information-sharing and on downward accountability. In Haiti, the GoH played a smaller role in the cluster due to its diminished capacity following the earthquake. Nonetheless, pre-disaster collaboration between the cluster lead UNICEF and GoH facilitated the development of a national protocol for the management of malnutrition, and cluster members shared information on the cluster website. Both Nutrition Clusters failed to include beneficiaries in the response planning. In fact, the Burmese cited human rights violations in the form of misappropriated aid. “Military trucks delivered rice and oil from international donors for resale in markets,” according to representatives of various interest groups in the *Post-Nargis Analysis: The Other Side of the Story*. In other cases, GoUM authorities or army soldiers would demand “Yes” votes from survivors in the national referendum in exchange for aid. Overall, greater gaps remained in Haiti’s Nutrition Cluster as compared to Myanmar’s Nutrition Cluster.

### **HAITI WASH AND HAITI NUTRITION COMPARED**

Within Haiti, the WASH Cluster outperformed the Nutrition Cluster. Multiple factors accounted for the relatively weaker performance in some clusters. First, feeble humanitarian leadership in the Nutrition Cluster prevented decisive action in the extremely time-sensitive situation. The WASH Cluster benefited from not only a strong UNICEF cluster co-lead, but also a strong government cluster co-lead in the form of DINEPA. Second, the lack of a common information management system across the regional, national, and international levels contributed to inefficiencies in the Nutrition Cluster. Duplicative efforts and confusion among humanitarian practitioners weakened accountability in the Nutrition Cluster, especially since the cluster lead could not play a decisive role. Also, humanitarian practitioners had to divert energy and time away from lifesaving missions when inappropriate solutions were put in place following inaccurate assessments and when the wrong resources were provided. Strong partnerships in the WASH Cluster prevented these inefficiencies. Third, participatory approaches were not adopted to engage the local population in the Nutrition Cluster, whereas the WASH Cluster actively engaged community members in cluster meetings and in post-cluster plans. Despite the fact that UNICEF served as the cluster lead in both clusters, the cluster coordinators for WASH proved to be much more effective than those for Nutrition.

### **MYANMAR WASH AND MYANMAR NUTRITION COMPARED**

In the case of Myanmar, the Nutrition Cluster displayed a stronger performance than the WASH Cluster. The effectiveness of the cluster approach in the Nutrition Cluster depended upon the co-facilitation by the GoUM, active global cluster coordinators, strong global cluster support, and existence of informal accountability mechanisms between the humanitarian actors. In contrast in the WASH Cluster, the weak cluster lead, absence of decision-makers, and poor adaptation of global guidance to local needs jeopardized the cluster's effectiveness. On the partnership front, the Nutrition Cluster also fared better than the WASH Cluster, particularly because the WASH Cluster failed to channel communication to the local level. Finally, both the Nutrition Cluster and the WASH Cluster excluded beneficiaries in coordination and response planning. The Nutrition Cluster, however, more adeptly filled need gaps than the WASH Cluster.

## **CHAPTER VII: CONCLUSION**

The experiences of Haiti and Myanmar clearly show the interlinked nature of the multiple variables in disaster coordination and response. All elements need to work in concert in order for humanitarian response to have the greatest positive impact on the affected populations. Consider the WASH Cluster in Haiti, where the effective co-leadership of UNICEF and DINEPA facilitated the development of sanitation standards, which cluster members and partners used to promote good hygiene practices and to set up latrines and campsites. The co-leads engaged community leaders, whose local insight helped the cluster to improve the response. Their outreach to schools and to NGOs allowed for an efficient response and expedited the transition to the recovery phase. Evidently, the strength of the leadership greatly bolstered other variables, leading to a positive outcome for the beneficiaries. The Nutrition Cluster in Myanmar achieved some success as well because various effective elements in the response built upon each other. Conversely, humanitarian response suffers when one weakness triggers another. Myanmar's WASH Cluster and Haiti's Nutrition Cluster demonstrate this negative trajectory: the weakness of the UNICEF cluster lead raised doubts among cluster members, rendering them unable and unwilling to fully support and engage in the cluster system. Without a coordination framework, operational knowledge, or input from the affected population, humanitarian actors could not deliver the right aid in a timely manner to the right people. The chart below summarizes the cluster approach's

effectiveness along the three dimensions examined in the four case studies: leadership and accountability, partnership, and impact on the population.

*Figure 36. Haiti and Myanmar: Overall WASH and Nutrition Cluster Assessment*

	<b>Nutrition Cluster</b>	<b>WASH Cluster</b>
<b>Haiti</b>	<p><b>Overall Performance: Ineffective</b></p> <ul style="list-style-type: none"> <li>• <u>Leadership and Accountability</u>: Ineffective</li> <li>• <u>Partnership</u>: Adequate</li> <li>• <u>Impact on Population</u>: Ineffective</li> </ul>	<p><b>Overall Performance: Effective</b></p> <ul style="list-style-type: none"> <li>• <u>Leadership and Accountability</u>: Effective</li> <li>• <u>Partnership</u>: Effective</li> <li>• <u>Impact on Population</u>: Effective</li> </ul>
<b>Myanmar</b>	<p><b>Overall Performance: Effective</b></p> <ul style="list-style-type: none"> <li>• <u>Leadership and Accountability</u>: Effective</li> <li>• <u>Partnership</u>: Effective</li> <li>• <u>Impact on Population</u>: Adequate</li> </ul>	<p><b>Overall Performance: Adequate</b></p> <ul style="list-style-type: none"> <li>• <u>Leadership and Accountability</u>: Ineffective</li> <li>• <u>Partnership</u>: Ineffective</li> <li>• <u>Impact on Population</u>: Ineffective</li> </ul>

The four clusters examined in Chapter V reveal four fundamental features of humanitarian coordination and response: (1) the positive correlation between sustained leadership and coordination, (2) the significance of developing trust and openness between actors, (3) the need to involve and support national leadership from the initial response, and (4) the amplified efficiency and effectiveness from leveraging international, national, and local capacities.

In light of these insights, the validity of the two hypotheses can be examined.

***Hypothesis 1: The cluster approach, which has its basis in the argument that coordination among the different humanitarian actors is essential to effective humanitarian response, helps to surmount the systemic challenges impeding effective humanitarian response.***

***Hypothesis 2: In the absence of a working host government, a robust international NGO or agency may be able to administer government functions***

*temporarily. The humanitarian response remains incumbent upon the national government—and, to a lesser extent, local NGOs—to reinstitute their services.*

Features 3 and 4 lend support to Hypothesis 1. If national authorities need to be involved and supported in the response from the onset of the disaster, it follows that coordination between national authorities and other humanitarian actors must take place. In exceptional cases where the government is especially strong, it may not need additional support. Also, in order for international, national, and local capacities to be leveraged altogether, some form of coordination must exist. The following diagram illustrates the correlation between Feature 4 and Hypothesis 1.

*Figure 37. Feature 4 Supporting Hypothesis 1*



Features 2 and 1 raise questions that challenge Hypothesis 1. By emphasizing the importance of trust and openness between actors, Feature 2 downplays the role of coordination and proposes that coordination can only occur when actors trust one another. In other words, trust and openness form the basis of an effective response.

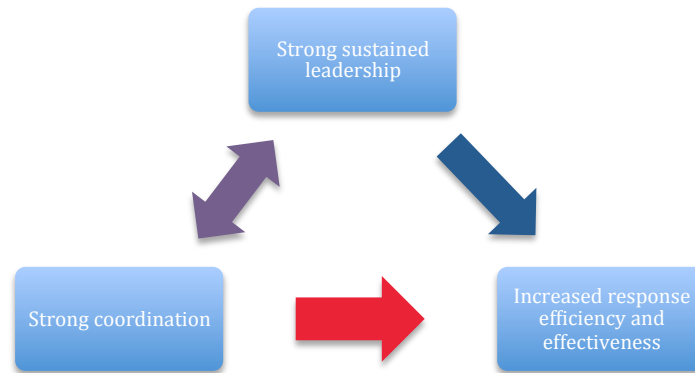
*Figure 38. Feature 2 Reinterpreting Hypothesis 1*



Similarly, Feature 1 suggests that either strong sustained leadership or strong coordination may directly produce increased response efficiency and effectiveness, as shown in the figure below.



*Figure 39. Feature 1 Reinterpreting Hypothesis 1*



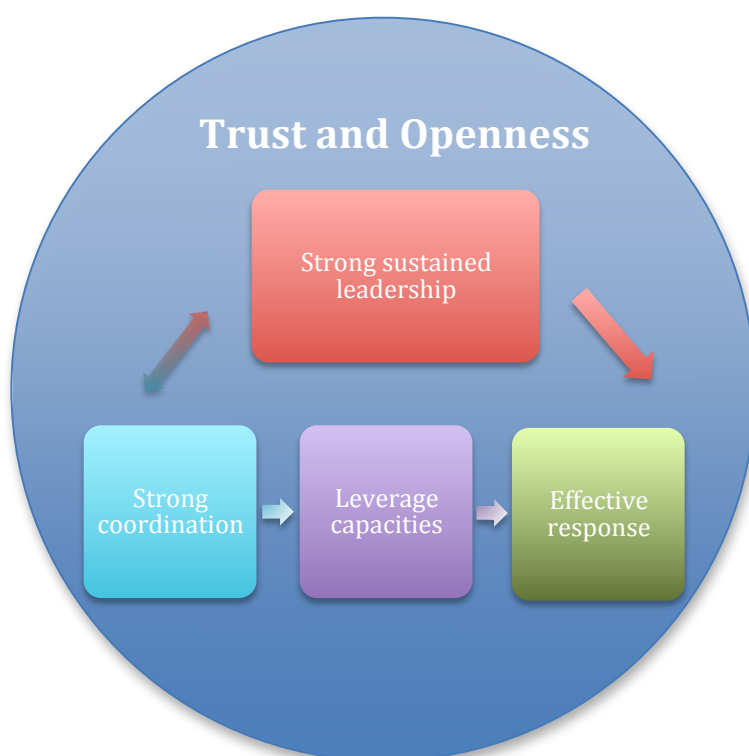
Several observations can be made regarding Hypothesis 2 and Features 1 and 3. Feature 3 calls upon other actors to support national leadership from the initial response, which directly refutes the idea that a robust international NGO or agency may stand in for the government. If a robust international NGO or agency were to temporarily administer government functions, it would in effect sideline any existing government capacity. According to Feature 3, the NGO or agency should collaborate with the government in the response with the goal of building the government's capacity to administer the services.

On the other hand, Feature 1 does not necessarily refute Hypothesis 2, but it places a caveat on Hypothesis 2. The leadership turnover from NGO or agency to the government, as proposed in Hypothesis 2, contrasts with Feature 1, which calls for sustained leadership. This implies that the leadership turnover proposed in Hypothesis 2 would negatively impact coordination unless the government has a leadership role to begin with.

In essence, Hypothesis 1 is supported by Features 3 and 4 and challenged by Features 1 and 2, while Hypothesis 2 is not supported by any of the features. In other

words, in an environment of trust and openness, strong cluster coordination can empower leadership and help leverage the full range of existing capacities, resulting in an effective response. As supported by the Haiti and Myanmar case studies and illustrated in the figure below, the humanitarian response needs to integrate the elements of building trust and open communication, coordinating and leveraging capacities, and strengthening leadership in order for the cluster approach to reach its potential effectiveness.

*Figure 40. Revised Hypothesis 1*



Moving forward, important lessons can be drawn from Haiti and Myanmar to ensure that disaster response occurs in an environment of trust and openness, that strong cluster coordination empowers leadership and leverages existing capacities, and that an effective response is achieved. First, the success or failure of relief operations depends largely upon the availability and quality of staff. In the case of Myanmar, restricted access into the country meant that the surge capacity was limited to the personnel already

on the ground.<sup>16</sup> As for Haiti, the debris-choked roads and reduced local capacity decreased the availability of qualified staff. The most successful instances were those where strong cluster coordinators with a team to operationalize the response plan took action. Second, the affected government, civil society, and local private sector should be empowered to play a central role in the humanitarian response. Even the most devastated communities and governments retain certain levels of capacities. The resilience of the Haitian and the Burmese civil society in not only rebuilding their own livelihoods but also actively assisting one another illustrates the often untapped potential. Third, integration of knowledge from previous disasters, better capacity assessments, and more accurate needs assessments of affected populations must be undertaken with a common set of standards and methodologies. A vast reservoir of institutional knowledge from past experiences with similar disasters and contexts exists, but it is often overlooked in the initial chaos of the disaster and later untapped when coordinators have already created new response plans. OCHA provides the tools to establish an information management network, but it is the responsibility of the practitioners on the ground to input the information into the databases in a timely manner and to disseminate it in local languages. Similarly, coordination and response often exclude civil society, who is actually the most knowledgeable about needs and outstanding gaps. Effectiveness of the response would increase dramatically if these inefficiencies were addressed.

These core lessons from Haiti and Myanmar all point toward the importance of partnerships in disaster coordination and response. As Benjamin Franklin prescribed, “All who think cannot but see there is a sanction like that of religion which binds us in

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<sup>16</sup> Surge capacity refers to an agency’s ability to scale up its program in response to needs.

partnership in the serious work of the world.” Though still in its infancy, the cluster approach, one of the three pillars of humanitarian reform, holds great promise for disaster response and coordination because it embraces and upholds the principle of partnership, and it is vital for all humanitarian actors to continue learning from each response and improving their collaboration.

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## LIST OF ABBREVIATIONS

AECID	Spanish Cooperation
ALNAP	Active Learning Network for Accountability and Performance
CAP	Consolidated Appeals Process
CERF	Central Emergency Response Fund
CIDA	Canadian International Development Agency
COU	Centre d'Opérations d'Urgence
CSC	Coordination Support Committee
CSO	Civil Society Organization
DFID	UK Department for International Development
DINEPA	La Direction Nationale d'Eau Potable et d'Assainissement
DPC	Direction de la Protection Civile
ECHO	Humanitarian Aid Department of the European Commission
ERC	Emergency Response Coordinator
GNC	Global Nutrition Cluster
GoH	Government of Haiti
GoUM	Government of the Union of Myanmar
GPPI-URD	Global Public Policy Institute – Groupe Urgence Réhabilitation Développement
HC	Humanitarian Coordinator
HR	Human Resource
IASC	Inter-agency Standing Committee
ICVA	International Council of Voluntary Agencies
ICRC	International Committee of the Red Cross
IFE	Infant and Young Child Feeding in Emergency
IFRC	International Federation of the Red Cross
INGO	International Non-governmental Organization
IOM	International Organization for Migration
IRIN	Integrated Regional Information Networks
JOTC	Joint Operations and Tasking Center
MDG	Millennium Development Goals
MINUSTAH	United Nations Stabilizing Mission in Haiti
NDRMS	National Disaster Risk Management System
NGO	Non-governmental Organization
NIE	Nutrition in Emergencies
OCHA	Office for the Coordination of Humanitarian Affairs
OFDA	Office of US Foreign Disaster Assistance
PDNA	Post Disaster Needs Assessment
PoLR	Provider of Last Resort
RC	Residential Coordinator
RUIF	Ready to Use Infant Formula
SAM	Severe Acute Malnutrition
SAR	Search and Rescue
UN	United Nations
UNDAC	United Nations Disaster Assessment Committee



UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNJLC	United Nations Joint Logistics Center
USAID	US Agency for International Development
USG	Under-Secretary-General
WASH	Water, Sanitation, and Hygiene
WFP	World Food Programme

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